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What Does the Public Expect from Nursing?

By ELEANOR ROOSEVELT*

NURSING is changing its function; not its fundamental function of caring for those who need to be cared for, but perhaps we—the public—are expecting more than we used to expect from the nursing profession. I think today we expect two things. We expect not only the same skill and devotion which we have always counted on in this profession, but we also expect the nurse to act as teacher along many lines. Perhaps it is from the point of view of teachers that a new field seems to be opening up for the profession. I hoped very much to bring with me one of the women who, in my own city of New York, has done a good deal for the nursing profession, Miss Lillian D. Wald. I expected her to come down to stay with me and to come with me here; but a few days ago I got a wire saying that she did not feel as yet that she could come visiting, and I am very much grieved. But I think what she has done for nursing is what I mean by the development of the teaching side of this profession.

I think as new ways of life are opened to us that we are going to find more and more that we expect our nurses to show us how to live from the physical standpoint so that we may be a healthier, happier people. Of course, as they teach us how to live better from the physical standpoint, they will teach us how to live better in our minds and in our hearts, for one cannot do the kind of work that you are obliged to do without realizing that mind and body react on each other and also that hearts have a great deal to do with the lives that people lead. If you can be interested in your work, you can do twice as much as you might otherwise be able to accomplish. Therefore, every nurse, I think, has a great teaching job. She lives an unselfish life, and the way she lives herself is a lesson to the community she lives in, if she is doing community work, and to the people she comes in contact with if she is doing private nursing.

I always felt that a nurse whom I first knew as a young woman taught me a great deal about nursing, because my children always say that I claim to be

*We are delighted to publish Mrs. Franklin D. Roosevelt's speech presented at the Joint General Session of the Biennial Convention of the three national nursing organizations, Washington, D. C., April 24, 1934. This address is appearing also in the *American Journal of Nursing* for July.

and really am a very good nurse. And so I always feel like paying a tribute to the woman who taught me that and many other things. She came into my household when my first child was born and always after when other children were born, and for the many and various vicissitudes that come in a young family's existence. She taught me what it was to have a beautiful character that cared more about making people happy and comfortable than about her own particular interests. It was a kind of object lesson that no one else could ever have taught, and I have a feeling that is one of the things that all nurses do. They do it whether they are in private homes, in community work, or in some kind of institution.

In this new world which I think we are gradually building there is going to be a myriad of new opportunities. I was thinking only yesterday when I was going through the Subsistence Homestead Exhibit down in the Commerce Building that a new field is going to open up in many of these communities. If, as we hope, the people realize that they want to have nursery schools, they will want to have nurses in their schools to teach them how to care properly for their children and the general health of the community. If in each of these communities there is a nurse, she will have an opportunity to be a tremendous influence.

I was so much interested when I went down for the first time into West Virginia and found nurses who had no regular work, working for relief and doing full-time work with children in the mining camps, taking care of the children and trying to teach the mothers how best they could manage with the little they had to do with. I came away with tremendous respect for the unselfish devotion of the nurses in their work in such hopeless, drab conditions. And yet out of it has probably come the fact that the lives of many children have been saved, that many families have been taught how to make life more worthwhile even if their surroundings were pretty impossible, because of the glimmer of hope they were able to bring to the picture that small things might be better in the future. I think it did everything possible for the morale of the people in these communities, and so I am hoping that in every subsistence homestead community and in communities all over the country the public is going to feel that they cannot get along without a nurse—a public health nurse—in that community in connection with the school. I am hoping that more and more throughout the country we are going to have nursery schools, because that is where I feel the nurse's work should begin. It should begin there for two reasons. There she has opportunity not only of helping the child but at the same time of teaching the mother in the very early days of the child's life when future habits are being made, when foundations are being laid for character, and when the greatest teaching opportunity exists.

Therefore, I think that this morning I would like to leave with you primarily the feeling of the great opportunities that I think are opening up in the future for every woman who adopts nursing as a profession. But I would never suggest to anyone that she take up nursing as a profession unless she is prepared to enjoy her work and lead an unselfish life, because though in a way a very rewarding life, it is a very hard life. It means a tremendous amount of self-forgetfulness.

I have an idea that I do not have to tell you here that the private nurse is going to have less work in the future, and the public nurse is going to have more work in the future. I doubt if as many people will be able to have private nursing in the future, but I think that a great many more people will benefit from the work which nurses can do in institutions, in communities, and in schools, and in all the new ways that are opening up today. I think that the Henry Street Settlement, for instance, has done a most tremendous piece of work in teaching us in New York City what a visiting nurse can do to make living more possible for the great mass of the people. I feel that there is a field there which should be very greatly widened in the future, and that the field in rural communities should be widened

through the understanding throughout this country of how much nurses can do that is not being done today. For instance, take the crippled child in a rural district. There is a field we have hardly begun to touch. A survey was made in one place of which I know, and several thousand crippled children were found who had never had any kind of treatment, simply because nobody ever reached them who knew what possibilities there were for treatment and what could be done for them in their own homes.

In a very simple way I can tell you a few experiences which I had myself. My home is on the Hudson River. Now we think of the Hudson River as being very accessible to every kind of assistance, and there is easy contact in most districts with relief organizations. But one day when we were driving on one of the back roads in the country, my husband said, "I think I heard that there was a man who had infantile in one of these houses. Let's ask." We asked, and after a great deal of difficulty, because several people had no idea that there was anyone living there who had been crippled, we eventually found the farmhouse, which looked completely closed. I went in and found a man in a wheelchair who was alone there all day, because his wife went to work in Poughkeepsie, and so he did all the housework. There was one little four-year-old child tied to the bedpost from morning till night, because that was the only way the man could keep the child from harming himself. And that poor man tried to do all he could to keep that house clean for himself and that child. I could not help but think that here was a community that had completely forgotten him. I asked if he had had any treatments. He said that a nurse had been to see him when he was first ill. He had been forgotten because the nurse was overworked in her own community, and the small district in which the cripple lived had no nurse. There was no one whose real business it was to come to him and see what could be done. And so there, right almost within a few miles of people who could have helped, that sad, drab, dreary life was going on without the slightest help from anyone.

Another case that I found not so very long ago was that of a child a little farther away from the passerby on the good road, but still, it would have been possible to have taken her into Poughkeepsie. They were some seven or eight miles away from the city, and that child had never walked. She had crawled on her hands and knees all her life, and all she really needed was to have had an operation a good many years before.

And so you see that even in a community where a great deal is done, not enough is done. There must be much more community sense of responsibility and awakening on the part of communities to the realization of all that they can have if they are willing to pay a small individual tax towards the support of health work in their community. I am hoping that in every community throughout this country we are going to be able to awaken people so that they will demand what I call preventive work —which is the nurse's work. I think that the country as a whole, the public, should expect that kind of work from nurses—preventive, educational work which will teach people how to keep well, and which will teach them how to care for the small ailment in their families so that it may not grow into a big one, which will teach them where to go and what they can call upon when they need help.

Now these are the things which I think the public is going to ask of nurses in the future, and I know from what I have known of nurses in the past that they will respond to any new call that is made upon them. I have never known them to fail. I have never had a nurse in our own house or in a hospital or in the community where I have been, who has failed in anything I have asked of her. And so I have a tremendously high opinion of what can be done from the educational standpoint and from the health standpoint in the communities throughout this country. I congratulate you on the work you have chosen to do and the work that you are doing, wherever you may be.

Some New Developments in Public Health*

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IT is a great pleasure to have this opportunity to meet you who represent that great body of workers in the field of medicine who are now and will constantly grow into representing the heart and hands of the medical professions, especially the medical officer of health. As the success of the medical man at the bedside of the ill patient depends largely upon the skill and conscience of the bedside nurse, to even a greater extent does the success of the health movement in a community depend upon the character, intelligence, tact, and devotion to duty of the public health nurse.

And as the relative importance of communicable diseases decreases because of the application by the medical and sanitary engineers of their knowledge to the prevention of such diseases the more important becomes your opportunity in the household.

The world of bacteriology which Pasteur opened for us revolutionized our concept of many diseases and provided means for their prevention and cure. The introduction of anaesthesia and the work of Lister made possible progress in surgery heretofore impossible. There is a tendency, however, even among public health workers, to feel that most of the important advances in medicine and public health were made many years ago. It is interesting, therefore, for us to consider the progress that has been made in the field of preventive medicine during the last five years.

The physician or nurse at the bedside, the health officer in the field, the research worker in the laboratory, the public health nurse in her daily rounds, are all directly or indirectly, consciously or unconsciously, public servants working for the public health. The ideal for which we all aim is the application of every available means for the prevention of disease or injury and the provision of suitable treatment for all sick or injured. The problem, therefore, is how this ideal may be attained with the greatest good to the common weal.

DIPHTHERIA TOXOID

About five years ago diphtheria toxoid, a modified non-toxic immunizing preparation, came into use in the United States. This preparation has the advantage of being less likely to produce unpleasant reactions and of not sensitizing to alien serum protein, and most authorities believe that it is equal to, if not distinctly better than, the toxin-antitoxin mixture in the production of immunity. In 1932 a modified toxoid was developed, an alum precipitated preparation, that has the advantage of being more slowly absorbed than the regular toxoid, and probably for that reason gives a higher degree of immunity. It appears likely that this preparation will replace all other diphtheria prophylactics.

With reference to the administrative phase of diphtheria control, the immunization of school children has been steadily increasing, especially in most large communities. Public health efforts towards diphtheria immunization of the more important age group, the preschool child, have been less successful, so far as the percentage subjected to this prophylactic measure is concerned. However, there has been a pronounced reduction in diphtheria mortality and morbidity since prophylaxis by immunization has become more generally applied.

UNDULANT FEVER

Until a few years ago undulant fever was recognized in the United States

*Excerpts from Dr. Cumming's paper, presented at the N.O.P.H.N. General Session, Biennial Convention, Washington, D. C., April 24, 1934.

only in a small number of cases arising from contact with infected goats in the southwestern States. Since Dr. Alice C. Evans of the United States Public Health Service showed the substantial identity of the organisms causing contagious abortion in cattle and undulant fever in man, clinicians and laboratory workers began to recognize that undulant fever of bovine origin was by no means rare in the United States though generally not so diagnosed. At the outset the disease is often mistaken for influenza. During recent years over 1,200 cases annually have been reported in this country, and special surveys in rural communities have shown the incidence to be decidedly higher than the rate derived from the above figure. The disease has been found to be one chiefly of rural communities and small cities, and is confined largely to the age groups above 10 years.

Three types of causative organisms have been recognized in the United States—one derived from goats, one from swine, and one from cattle.

Although these valuable contributions have been made in recent years to the causation and epidemiology of undulant fever, the measures at present available for the prevention of the infection are not very satisfactory. Cases of contact origin can probably be avoided in large measure by wearing rubber gloves when handling infected animals and animal products, while infection from the abortus organism can be avoided by proper pasteurization of milk.

PELLAGRA

Pellagra continues to be an important factor in morbidity and mortality, especially in the southern and southeastern sections of the United States. Prevalence of the disease is associated with economic status and dietary habits. Ever since Dr. Joseph Goldberger of the Public Health Service demonstrated beyond question that pellagra is due to a specific dietary deficiency, attempts have been made to educate the people living within the areas of prevalence regarding the necessity of making radical modifications in their customary diet. The most important pellagra studies in recent years have had to do with the determination of the foods which have the highest pellagra-preventive properties and are adaptable to production in the districts where the disease is most prevalent. Unless cases of the disease are too far advanced, treatment by means of a well-balanced diet has been found to be highly successful in effecting a rapid cure. Blacktongue in dogs is, for practical purposes, identical with pellagra in man, and the dog has served a very useful purpose in the determination of the relative pellagra-preventive value of various foods.

ROCKY MOUNTAIN SPOTTED FEVER

Until 1930 Rocky Mountain spotted fever was thought to be confined to the northern Rocky Mountain area of the United States. In the past four years it has been found by workers of the Public Health Service that it is also present in the eastern and southern parts of the United States, and it appears that the greater part of the United States is in the endemic area. It has also been shown within the recent past that a disease described as exanthematic typhus of Sao Paulo, Brazil, is identical with Rocky Mountain spotted fever, and other investigations suggest that the *fièvre boutonneuse* of the Mediterranean littoral may be more or less closely related to spotted fever. The epidemiological and clinical descriptions of "Kenya" typhus of East Africa are very suggestive of spotted fever, and it is thought that spotted fever may exist unrecognized in other parts of the world, especially in Central and South America. Spotted fever is transmitted by several species of ticks under laboratory conditions, and the virus has been recovered in the United States from at least two species of ticks found in endemic areas.

Methods for control of this disease have been directed toward the eradication of ticks, without any marked success. A vaccine developed by Dr. Spencer of the Public Health Service prepared from infected ticks has been in use in the United States for about seven years. This vaccine has been

shown to be of considerable value in the prevention of the disease. The protection afforded by the vaccine is seemingly not permanent, and the administration of the vaccine is usually repeated at the beginning of each tick season. In the 1933 season the production and distribution of this vaccine—205,000 cubic centimeters—was 3600 per cent more than that produced the first season of its use, 1925-1926.

ENDEMIC TYPHUS

Through the investigations of Dr. Nathan Brill (1898-1915) and Dr. K. F. Maxcy (1923-1929), it was definitely established that endemic typhus fever of the United States was not a louse-borne disease as is the case with European typhus. Epidemiological studies by Public Health Service investigators showed that some other vector was responsible, and the hypothesis seemed warranted that a reservoir of the disease existed in rodents. Investigations during the past four years have shown that the rat flea is readily infectible with the typhus virus, and that it readily transmits the disease from rat to rat. It was found that the virus multiplies most rapidly in the rat flea and that it is present in the excreta of infected fleas. Evidence secured indicates that the disease is transmitted by rubbing infected fleas' feces on the abraded skin or through puncture wounds made by the flea in feeding. Rat fleas are also infectible with the virus of epidemic typhus, or Old World typhus.

In the prevention of endemic typhus, measures for the control of rats are clearly indicated.

MALARIA

In two particulars the study and control of malaria have been remarkably advanced in recent years. The synthesis of new remedies for the disease has given us more and better weapons for attack, and the use of malaria in the treatment of certain mental diseases allows the study of the disease under closely controlled conditions. The existence of a relative immunity in the Negro, at least in the southern States, to infection with benign tertian malaria has recently been established, and the proof that there are many strains of malaria differing in virulence and resistance to drugs, and that there is a lack of any cross-immunity among them, has thrown much light on the epidemiology of the disease and the therapeutic action of drugs.

The existence of a new species of malaria parasite, *P. ovale*, has been found in Africa, and recent studies have shown the existence of a polymorphic parasite capable of existing in man and in several species of monkeys, which opens a wide field for controlled animal experiments with drugs.

The subject of treatment of malaria is in a most unsatisfactory state. The synthesis of new antimalarial agents, notably plasmochin and atabrine, has opened up new vistas. Plasmochin in minute doses has been shown able to sterilize the gametocytes of all forms of malaria, rendering them noninfective to mosquitoes and offering a method of control based on this unique property. Atabrine has been proved a potent agent in treating primary cases of malaria, but its inability to prevent relapses has disappointed the hopes of many who hailed it as the final solution of the problem of treatment. Studies have shown that plasmochin must be given in doses dangerously beyond the limits of normal tolerance to prevent infection. Quinine has been shown to have no effect in preventing actual infection, but it is of decided utility in "prophylaxis by treatment." Atabrine can not be used over long periods, as even small doses yellow the skin.

EPIDEMIC ENCEPHALITIS

About the end of the World War there was recognized a form of encephalitis occurring in groups of cases and usually characterized by apparent drowsiness, or lethargy. This form was, therefore, called "lethargic encephalitis." The tendency now is to abandon the term "lethargic encephalitis" in favor of "epidemic encephalitis" or "infectious encephalitis", because a considerable number of the cases show excitement and increased activity rather than lethargy, and because the grouping of the

cases is often such as practically to constitute an epidemic.

From July 1 through December, 1933, there were reported in the city of St. Louis, Mo., and its environs approximately 1,200 cases, with about 200 deaths. Cases of apparently the same inception were reported from other cities in Missouri and neighboring States; but it is to be noted that so-called epidemic or infectious encephalitis and encephalitis not otherwise designated have an annual incidence throughout the United States similar in magnitude to poliomyelitis as judged from mortality statistics, usually without the marked seasonal and yearly fluctuation of poliomyelitis.

Clinically, the St. Louis outbreak resembled other epidemics of encephalitis, but especially that described as occurring around the Inland Sea of Japan in 1924. It differed from most other outbreaks in that the eye symptoms are much more uncommon, while demonstrable meningeal involvement is practically uniform in the recognizable cases. As observed in St. Louis, recovery was much more prompt and complete.

Extensive epidemiological studies have been conducted by the Public Health Service in connection with the outbreak in St. Louis. Laboratory work on this problem is being actively pursued at the present time.

The possibility that this is a new type of epidemic encephalitis must be considered. The question, therefore, arises as to whether the outbreak which occurred in the United States last year is a new type of this disease or a variation of the old form. The possibility that this new form of epidemic encephalitis may in future years show a more intense prevalence renders urgent as complete a study of this disease as possible.

PSITTACOSIS

During the latter months of 1929 and the early months of 1930, an outbreak of psittacosis, or parrot fever, occurring in various parts of the country was traced to parrots recently imported, or to birds which had been in contact with birds recently imported. There were approximately 160 cases with about 40 deaths. In each subsequent year a few cases have occurred. Some of these infections came from imported parrakeets, but others were undoubtedly due to contact with birds raised in the United States. About two years ago, cases occurred in California clearly traced to parrakeets bred in the southern part of that State. The problem became so important that in the summer of 1932 the Public Health Service established a special laboratory at Pasadena, Calif., for the study of this infection in birds and in human beings.

During February and March of the present year there was an outbreak of psittacosis in Pittsburgh, Pa., where there were some thirty cases, with about eleven deaths. This outbreak has been traced to a shipment of Californian parrakeets. The outbreak in Pittsburgh was confined to one department store that sold the birds recently received from California.

The clinical aspects of psittacosis as it has occurred in United States presents no noteworthy deviation from cases seen in other parts of the world. It may be of interest to note that the initial diagnosis usually is influenza or pneumonia, and, indeed, the symptoms of onset and for the first few days, or even longer, make such a diagnosis very likely.

Serum from convalescent patients has been used extensively, and in the opinion of many clinicians is of great service. A noteworthy development has been the observation that the infection is due to a filtrable virus and not to the bacterial factor (*Nocard's bacillus*) which was long regarded as the causative agent. Another important observation is that in the laboratory the infection is readily communicable to white mice, in which animals the pathological lesions present a rather characteristic picture. A third observation of importance is the demonstration of inclusion bodies, termed *Rickettsia psittaci*, in human lesions and in the lesions in parrots.

SCARLET FEVER

Attempts at active immunization against scarlet fever had their beginning with the work of the Russian bacteriologist Gabritschewsky in 1906. Little progress, however, was made in active immunization against this disease until Dr. Dick and Mrs. Dick in this country in 1924 demonstrated a hemolytic streptococcus from a bouillon culture which produced symptoms of scarlet fever except for the active throat infection, and showed that toxin was actually present in the absence of the bacterial cell. This led to the development of the immunity test and to active immunization against scarlet fever.

Graduated doses of toxin given at weekly intervals have been found to produce satisfactory immunity in eighty to ninety per cent or more of persons treated.

With recent years Public Health Service investigators have produced a more potent toxin and a toxoid-antitoxine which have given highly favorable results. Immunization tests in a limited number of susceptible children indicate that one dose will produce immunity in over ninety per cent of those treated.

TULARAEMIA

Tularaemia, or rabbit fever, is primarily an infectious fatal disease of wild rodents, especially rabbits and hares. Secondarily, it is a febrile disease of man transmitted from wild animals to man by the bites of bloodsucking wood ticks or flies, or by contamination of man's hands or eyes by the internal organs or body fluids of infected rodents, flies, or ticks.

The organism producing tularaemia was discovered by Dr. G. W. McCoy of the Public Health Service in 1910 in Tulare County, California. Dr. Edward Francis of the Public Health Service first recognized and described the disease in human beings in 1920.

The disease has been recognized in forty-five States of the United States, which have reported almost 4,000 cases, of which five per cent have died. While the great reservoir in the United States is the wild rabbit or hare, single cases have been traced to the squirrel, ground hog, muskrat, opossum, skunk, coyote, dog, cat, and quail.

Until recently tularaemia had not been reported from the upper New England States, the first case having been reported from Maine only a short time ago. It is interesting to note that the alertness of a nurse in a Maine hospital caused recognition of the first case reported in that State. A patient at a hospital in Maine had been ill for several weeks with an ill-defined condition. The nurse in attendance upon the case had recently read in one of her nursing journals an article by Dr. Edward Francis of the Pubilc Health Service discussing tularaemia. She went into the history of the case and found that the patient, who was a trapper, had been in contact with foxes. She suggested to the attending physician the possibility that this might be a case of tularaemia. A specimen of the blood was forwarded to the National Institute of Health of the Public Health Service at Washington. The blood test showed promptly that the disease was tularaemia.

CONTROL OF SMALLPOX

Smallpox has been decreasing in the United States as a whole for several decades at least. Since 1930 there has been a remarkable decrease as shown in the following table:

	Rates per 100,00 popu'ation	
Year	Cases	Deaths
1928	32.8	0.1
1929	34.8	0.1
1930	39.7	0.1
1931	24.4	0.08
1932	9.0	0.04

For the first nine months of 1933, 4,400 cases of smallpox were reported in the United States, as compared with 9,908 cases for the corresponding period of 1932.

It has been suggested that there may be some relation between the decrease in the prevalence of smallpox and the more general use of cold storage for smallpox vaccine in the field.

MILK

The most important public health aspects of milk sanitation in recent

years, especially in the United States, are concerned with the promotion of the use of pasteurized milk, standardization of the milk control ordinances, and research in pasteurization and pasteurization machinery. In the past five years there have been over 200 outbreaks of milk-borne diseases in the United States. In 1928 there were 212 American cities which had adopted the standard milk ordinance, as compared with 562 in 1933. In 1927, 81.8 per cent of the milk used in cities was pasteurized, as over ninety per cent in 1933. The United States Public Health Service has established a milk sanitation experimental plant in Washington where studies are being conducted on pasteurization methods and sterilization of dairy and pasteurization equipment.

STUDIES OF HEALTH AND THE ECONOMIC DEPRESSION

Probably for the first time special studies are being made regarding the effect of the economic depression on health during the period of the depression. As the death rate does not immediately reflect increased illness and physical impairment, the Public Health Service undertook a house-to-house survey in 1933 of illness, income, and employment records for the four years 1929-1932.

Preliminary figures have revealed a health situation less favorable than that indicated by mortality figures, and a higher sickness rate has been found among the families most severely affected by the depression. The investigation is still in progress.

INTERNATIONAL SANITARY CONVENTION FOR AIR NAVIGATION

During the past decade, international sanitarians have become increasingly concerned with the rapid development of international air traffic and the opportunity offered by such traffic for the spread of communicable diseases, particularly the quarantinable diseases (yellow fever, cholera, plague, smallpox, and typhus fever), from infected areas to infectible territories. It was recognized that maritime and land-border quarantine measures provided under the Pan-American Sanitary Code of Havana, 1924, and the International Sanitary Convention of Paris, 1926, were not adequate safeguards against the potential spread of quarantinable diseases in international air traffic, largely due to the voyage requiring less time than the accepted respective incubation periods of these diseases. The advantages incident to international accord and coöperation in regard to quarantine formalities attendant upon international maritime and land-border traffic attain a very decidedly increased importance where international air traffic is involved. In fact, the essential time-saving advantage of aerial navigation would, in most instances, be altogether nullified by time consuming quarantine formalities which it would be necessary to invoke at ports of arrival if all precautions against the potential spread of quarantinable diseases from infected areas were deferred until arrival. Accordingly, a draft of an "International Sanitary Convention for Air Navigation" was prepared with the assistance of the International Commission for Air Navigation, set up under the Convention relating to the Regulation of Aerial Navigation of 1919. This draft convention received preliminary consideration at the Second Pan-American Conference of Directors of Health held in Washington in April, 1932. At this meeting some changes were suggested, and the convention was tentatively approved in principle. In May, 1932 the Permanent Committee of the International Office of Public Hygiene in Paris met and further consideration was given particularly to the changes suggested by the meeting in Washington, all of which resulted in the preparation of a final draft by the International Office of Public Hygiene, which was adopted at its May, 1933, meeting.

OTHER NEW EMPHASES

Time does not permit a description of the wonderful discoveries in the field of the endocrine glands. One who has seen the miraculous changes, mental and physical, wrought with thyroid, or the results of the utilization of other gland-

ular secretions cannot help feeling awe at the thought of our marvelous organization and hope for what future discoveries shall bring in this field of adventure with its possibility of change in not only physical but mental and moral conditions.

Perhaps scarcely less important than advances in laboratory research have been the improvements in administrative methods. I need mention only the realization of the necessity for trained whole time medical officers and public health nurses, and a crystallization of ideas of what is necessary for an efficient local or State health organization.

Until recently health workers and practicing physicians alike have more or less generally taken the view that a sharp distinction should be made between preventive and remedial measures, in determining what the responsibilities and functions of the health department properly should be. It has been interesting, however, to note, within the past three or four years, that opinion on this question has been undergoing a decided change in many quarters. There appears to be developing a new concept of public health service, with a growing belief that the distinction to which we have held so long is a purely artificial one. The social and economic importance of disabling illness that cannot be prevented through the application of general public health measures, more or less ignored up to the present time by the practical health officer, is now being recognized. As a result of progress in recent years in the control of communicable diseases we have seen the mortality picture in the United States undergoing a rapid change. Fifty years ago chronic diseases caused but one-fifteenth of all deaths in this country; today they are responsible for one-half of our total mortality. I believe that the health department of the future must give more attention to the problem of providing adequate medical care for the indigent and for the class of individuals who, though able to pay something, cannot afford the usual fees charged for medical service. I do not wish to give the impression that I think the health department necessarily should actually render the remedial medical service required.

The economic conditions under which we have struggled for the past four years have brought several things to our attention very forcibly. We have seen as never before the need and value of health work intelligently rendered. Adequate public health protection must be provided for all our population, both urban and rural as rapidly as possible. We must continue and expand research work in the field of public health. Research in this field is as important today as it was two or three decades ago. Although there have been many important discoveries relating to the preservation of health and the prevention of disease, there still remain many problems to be solved. Whooping cough, measles, and meningitis still present problems requiring our attention. The virus diseases such as infantile paralysis, influenza, and epidemic encephalitis still challenge us. Perhaps the studies of the future will place within our hands the necessary weapons with which we shall be able effectively to cope with these diseases.

The Changing Order of Today*

As It Affects the Economic World

By DAVID CUSHMAN COYLE
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THE changing order of today is changing because the economic world has cramps. There have been cramps before, but this time they are so painful that the country has called in a new doctor and told him to go ahead and do something. That is all very well for a starter; but the question remains whether the patient really needs anything more than a mild sedative, and if so what exactly does he need, and will he take it or will he curl up and die of heart failure, and if he takes it then what effect will it have on his health and on his way of life in the future.

The economic world has cramps because it cannot sell all the things it can make. The engineers have invented new instruments such as the thermostat and the electric eye, that will take the place of men in factories. So the men are out of jobs and have no wages, and the machines cannot run because there is nobody to buy the product. Some way has to be found that will provide wages for the men who are not needed in the factories, so that they can buy the products and so that industry can run. In the past there have always been ways of providing jobs for the surplus labor; and the question now is why the old ways no longer work.

The usual way to provide work for the surplus labor in the past was to hire men to build more machines and more buildings and more railroads. Those who had incomes saved money and invested it, and the money was then used to hire men in the building and machinery trades to build more plants. That was the way those workers got their incomes and that was the way the savings of the people were redistributed and turned into buying power.

But as the country grew richer the total amount of savings grew larger and larger, and the number of new factories and office buildings grew to be so large that they could not all be used. The amount of wages paid out in building the Empire State tower did not support enough new business to supply tenants for all the new offices. That is what is meant by over-investment. Although the wages paid out on new construction help to supply buying power to the market, still the market at last falls behind and fails to support all the new plant. When that situation comes on, pretty soon there is a panic, and the investments are lost. The plants go bankrupt, and the debts are wiped out. This is the ordinary process of distributing excess savings to industry. You invest the money, the workmen are hired to build something that cannot be used, and afterward you find out that it was all a mistake.

This time the investments were large and the losses were so heavy that the country was frightened and called on the Government for help. The RFC was invented to lend money to business and to the banks so as to avoid having to take all the bankruptcies in one convulsive spasm. The RFC was a sedative, and had nothing to do with ultimate recovery.

The only feature that is really new about this depression is that the severity of the spasm of bankruptcy became so dangerous that the Government had to intervene in order to avoid serious convulsions such as those that have occurred in some other countries. This is not the patient's first attack of alcoholic poisoning by a good many; but as time goes on the attacks are getting worse, and this one was the limit. Something drastic had to be done.

*Presented at the Joint Session of the Biennial Convention of the three national nursing organizations, Washington, D. C., April 24, 1934.

If there were no way to distribute buying power except to invest still more money, build still more factories, and load the economic system for still bigger and better bankruptcies, then the only way to build up the patient from the effects of his last celebration would be to feed him on a diet of pure alcohol. There must be some other way or else the chances for permanent recovery are small.

There are, in fact, other ways of giving people incomes besides employing them to build a new flock of Radio Cities. When surplus money is contributed to the Community Welfare Fund, it is distributed in wages and salaries through the operation of hospitals and other social services, just as it might be distributed by investment through wages in the building industry. But the paper work is not the same in the two cases. The contributor does not receive a guaranteed bond; he gets merely a card of thanks from the Committee. The difference between a contribution and an investment is just that when you make a contribution you know right away that you are not going to get your money back. The card of thanks is more valuable than a bond because the card produces a pleasant feeling, while the bond, later on, produces an unpleasant feeling.

Even the income tax gives better results in the long run than saving and investment. When the Government takes surplus income away from the owner of it, the first sensation is one of pain. But when the Government takes the money it does not build unnecessary factories to compete with the hard pressed business man; the Government uses the money to pay wages and salaries in public works and services, and the business man gets it all back in trade. It is better to have a moment's pain than to let your savings be used to poison business and cause you to lose your income entirely. During the late "New Era" we all saved so much money for a rainy day and used it to buy such a magnificent collection of cats and dogs, that as a result of our thrift it has been raining ever since. The fact is that contributions and income taxes, though perhaps momentarily less stimulating than Peruvian bonds, have a better after-taste. They nourish business instead of stimulating it, they do not go to build fresh competition, and they do not create debts that will never be paid.

CONTROLLING THE FLOW OF MONEY

When business gets money by selling its goods or services, that is real nourishing food for business; when business gets money by issuing securities and signing on the dotted line, that is a stimulant that leads to a morning after. That does not mean that there is no place at all for new capital investments in business. As the market grows or new products are invented, there is a small demand for capital to supply equipment for meeting the new market. In addition there is what is called progress. Somebody invents a new automatic machine that will cut the costs and take the market away from the existing industry. The new machine is a sound investment from the banker's point of view because it will make a killing and pay good dividends. Moreover the public will perhaps get the product at a lower price. The other side of the picture is the bankruptcy of the existing plants and the unemployment of some of the existing labor. In the long run progress is desirable, but if progress comes too fast the cost of scrapping the old plant more than eats up the gains. It is as if you bought a new car every month because there was a slight improvement in the design of the engine each month. The price of progress is capital loss and we can stand as much progress as we are willing to stand capital loss. Between actual growth and the amount of progress that we dare to take, there is each year a small legitimate demand for new capital. During the New Era the amount of new capital that was put into business exceeded the legitimate demand, and that is why the progress went too fast and the resulting bankruptcies were more than the people were willing to stand. That being the case, the essential prescription for the economic system in future is more spending and less

saving, more food and less stimulant. The more of the people's income goes into spending, contributions, and income taxes, the more business there will be, the more wealth will be produced, and the more income there will be for everybody. The less of the people's income goes into building superfluous factories, the less idle machinery there will be, the less the overhead cost, and the higher will be both profits and wages. The changing order of today is the gradual development of national power to control the flow of money so that more of it will go into buying useful and desirable things and less of it will go into buying pretty but useless pieces of engraved paper.

A SPENDING PROGRAM

The details of the treatment will be numerous and complicated; but a general outline will be enough to provide an understanding of the sort of thing that in the end will need to be done. At the beginning the people are of course too much frightened to spend their own money, and in addition a large share of the money is in the hands of those who have too much to spend it all. The Government, therefore, has to start off by spending money on a large scale in order to give employment and wages so that business can get some nourishment. If the scale is large enough, then business can be made so active that practically everyone can get a job. A program of that kind might take a rate of spending perhaps about double the size of the CWA at its peak. No such program can be adopted immediately because the people are still hoping for recovery to come down out of the sky without costing anybody anything. When they get tired of waiting and sufficiently hungry to accept a vigorous program, then the Government can declare war on the depression and force the issue in spite of conservative opposition.

When everyone has been employed and business is active and profitable the Government will of course have to have a tax system that will more than pay for the Federal spending program. The taxes will have to be imposed on incomes rather than on business, because if anybody tries to help business and send business the bill, the effect will be about as helpful as buying Father a new car and charging it to his account. Another reason the taxes will have to be laid on personal incomes, is so that most of the surplus income can be turned back into business without passing through the old normal process of hope, investment, bankruptcy, and disgust. Still another reason is that high surtaxes will discourage the freedom of initiative of gentlemen like Mr. Insull, and leave more freedom for the smaller business men who make up the solid and stable part of the economic system. In general the purpose of the income tax and spending program will be to supply business with plenty of orders and keep down the supply of capital, so that if possible the orders may constantly strain the capacity of the machinery. If industry can be kept lean like a dog with plenty of running and no extra fat, then it will be a good healthy dog.

Finally, the Government will need to supply the people with a guarantee of basic economic security, by old age pensions and various kinds of insurance, so that the people can freely spend their own incomes without fear. When that last step is taken then the total amount of saving will be reduced to somewhere near the amount that business can stand, and the Government can relax its own taxing and spending program, gradually letting the people do most of their own spending as they get used to the idea.

That is the sort of treatment that the patient will have to get sooner or later if he is to be weaned from the excesses of reckless investment and bankruptcy that are endangering his survival. But although it is easy to recognize that these steps have to be taken sometime, the problem of making the country take them is quite another matter.

TURNING THE WORLD AROUND

We were all brought up on Benjamin Franklin, and now we have arrived at a new situation where everything that we were taught in school is exactly wrong.

Thrift is no longer a virtue; saving for a rainy day makes it rain all the harder; spending is what makes the wheels go round and increases everybody's income. That is shocking, and how to lead the people into adopting such a shocking idea is a question that will take the best skill and leadership we can get. Fortunately the new doctor is particularly well fitted for dealing with a patient who has delusions and generally wants exactly what he ought not to have. The doctor not only has a soothing manner and an encouraging personal vitality; he also knows how to make haste slowly and not scare the country to death. Those who have never had to handle a fractious convalescent with a drug habit are sometimes inclined to criticize the Administration for not taking strong measures and killing the depression, since it is true that if a bold program were adopted and carried through the country could be cured almost overnight. Perhaps the country is ready now to listen to the whole truth, face the facts, take its medicine and snap into prosperity. Or perhaps, on the other hand, the country might have a panic chill and pass out. Or perhaps the doctor is hesitating too long and the patient may go mad and tear everything to pieces. Nobody knows for sure. It is the doctor's job to use his own best judgment; and if anybody can bring us safely through the indications are that he can.

SURPLUS INCOME TO BUY SERVICES

Industry in the future will apparently present a rather different picture from the one to which we are accustomed. There will be comparatively few men in the factories, and they will not be tending machines but watching dials that tell how the automatic machines are running. In agriculture also the men and the acres will be few but the bushels per acre will be many. All the food that the people can eat and all the mechanical products that can be made out of our natural resources will be produced and distributed without employing any large proportion of the available labor. The rest of the people who are not in school, on the sick list, or on old age pensions, will have to be employed in services, that is, in those occupations that do not depend on using any considerable amount of electric power or raw materials. Services are what civilization is really made of. Health, education, art, recreation, and all the cultural aspects of life are dependent on a large supply of workers to devote themselves to the service fields. That supply we now have available, and when we learn to devote our surplus income to buying services, then we shall be able to employ our surplus labor in producing services. The answer to technological unemployment is cultural advance, and therefore the secret of permanent prosperity in a highly productive system lies in public, semi-public, and private expenditure on cultural services.

It is just your good luck that the things you have always wanted to do for improving the health and happiness of the people happen to be the things that must be done in order to make the economic system operate. In the long run, once the President succeeds in leading the country to the New Deal and making the people try it, they will find that they like it.

Culture is a broad word to represent all the activities that make life more satisfactory and agreeable. You need not picture the ten million unemployed workers from the factories and the capital goods industries all being drafted into troops of esthetic dancers or all engaged in teaching classes in mid-Victorian poetry. Some will be employed in building dams on the tributaries of the Mississippi to keep that river from washing away the houses of people farther down stream and spoiling their gardens. Some will be building and operating sewage disposal plants so that the young people may have a chance to go swimming in the rivers and along the seacoast. Some will be eliminating hookworms and spirochetæ pallida and corn borers and gypsy moths and gangsters and all the other parasitic forms of life that interfere with human happiness in one way or another. Some will be guarding the health of children so that they will be easier to look at when they grow up. Some few will be great

actors and poets and artists, but many more will be ushers and electricians and stage hands. Some will provide works of art that the connoisseurs will recognize as highly cultural, and a great many more will cater to the vulgar tastes of the lowbrows. A great cultural age is not made up exclusively of highbrow art. We think of the Greeks of Pericles' time as being highly cultured, but the fact is that Aristophanes was much of a piece with Will Rogers and Mae West, and the lesser comedians were just like our own only worse. In Shakespeare's day, too, the people liked their wisecracks to be as broad as they were long. What of it?

LESS TOIL, MORE CREATIVE ACTIVITY

A great cultural age is simply a time when the people are able to get away for a while from the need for eternal grinding toil and devote their energies to more important matters. Most of the people who have lived on this earth for the last half million years have had to work desperately just to keep alive, but they have all dreamed of the golden age and occasionally they have seen their dreams come true. Human nature is said to be greedy and avaricious and cruel, and so it is apt to be when men and women are overdriven by fear and pain. But at heart nearly all human beings believe that beauty and intelligence and good health, short hours of work and long hours of recreation, spacious living and high adventure are worth the price if you have the price. Whenever a tribe or a nation has found itself able to afford the amenities it has generally seized the opportunity and built a golden age. In the South Sea Islands, where all the necessities could be had with a few hours' work a week, the people devoted themselves to making wreaths of flowers, holding religious ceremonials, dancing and swimming and decorating all their personal belongings. In the Renaissance, the Prince took most of the national income and employed the people on public works of art and also on cutting each other's throats and generally making life exciting for all parties. In Elizabeth's time they went in for bear fights and beer and some of the best drama the world has ever seen. Human beings, when they are released from the necessity of hard work, do not generally become dull and lazy. They usually have an outburst of exuberant energy. That is what has usually happened before, and that is what is most likely to happen now as soon as the fog clears away and we find out where we are.

A LARGER MEASURE OF FREEDOM

There is another aspect of the economic picture that will be heavily argued for some time to come, and that is the question of individual freedom and social control. In order to obtain the highest mechanical efficiency, if not the best rate of progress, of course it would be necessary to subject everybody to strict technocratic discipline like that which is developing in Russia or Italy. All the activities of the economic system would have to be scheduled and ordered in advance. But the potential productive power of the new technology is so large that the highest mechanical efficiency is not worth the price, at least in this country. Moreover the number of people employed in mechanical industry will be relatively small, and the rest will be employed in services. Now certain kinds of services, such as hospitals, take careful planning and strict discipline, but many others flourish best in a free field where wide experimentation is allowed. Fortunately the ultimate national economic adjustment does not need to involve the details of business but only to pump money constantly into the market. The Government has to act as a heart to pump the blood through all the channels of trade, but it does not have to catalog and plan each individual cell of the body. The American people, luckily, are an unruly and lawless mixture of races, so the danger that the new social order may degenerate into a nest of ants, where everybody is ruled by economic laws and nobody has any fun, is quite small.

The fact is that the age of plenty is not a prison house ruled by the iron law of necessity but a chance for a larger measure of freedom. It is a high powered Aladdin's lamp, that the engineers

have designed and placed in our hands. There are certain rules about how to rub the lamp. You must not save too much money. You must be generous and open-handed, and if you want the play to go on you must buy your tickets and have a good time. If you refuse to obey the rules the lamp will not work, but if you go by the rules, the lamp will give you all the goods and services that anybody ought to want.

MASTERS OF MACHINES

The fear has often been expressed that we may become slaves of the machine, and during the earlier stages of machine development the danger was a real one. The earlier machine was not really a labor saving device, but a device for making a man work twice as hard and produce four times as much. Factory labor was a form of slavery that dulled the minds and undermined the health of the workers. The human animal was not designed by nature for long hours of repetition of a few simple motions. Now that instruments have been invented that will do the monotonous jobs, the only jobs left for men to do will soon be those that have greater variety. As a result of the abolition of most of the deadening types of work, the chances are that the apparent intelligence of the workers will show a marked increase, as their jobs approach more nearly the kind of activity to which man is naturally adapted. Slavery to the machine was a temporary phase that may be expected soon to disappear almost entirely from the economic system.

In the broader sense, too, we shall be more definitely masters of the machine than we have been in the past. At the present moment we are driven and harried by our economic system only because we stubbornly refuse to obey its laws. If you have a religious belief that it is wicked to feed gasoline to an automobile, you may sit and starve to death, but the car will positively refuse to run. At present the American people have a belief, hanging over from pioneer days, that it is wicked to spend money and virtuous to save money. So long as they go on believing that spending is wicked they will have to suffer, even in the midst of plenty. The car is all there ready to go, and Benjamin Franklin says that carrots will start a balky mule. This car will not start on carrots, it will not start until it gets some gasoline. The fact that the modern economic system will not run until the people are ready to obey its laws is not slavery to the machine but merely the usual relation that we have to all natural and artificial objects in our world. Cars, horses, buzzsaws, wives, and all other phenomena in the world have to be treated according to the rules or else there is bound to be trouble. The economic system is just one of those things. Whenever we get ready to follow the directions on the label it will go full speed ahead and civilization can begin.

THE BEGINNING OF A NEW CIVILIZATION

History teaches us the conditions that favor the beginning of a new civilization, and those conditions are now at hand in the United States in the year 1934. We have a vital, primitive people. Some of us came recently from the jungle, others, from older cultures, were selected because of our adventurous or unruly qualities. Our people can be counted upon to give birth to innumerable new ideas, some of which will be good ones, and they can be counted upon not to obey any laws that hamper too much their freedom to try their ideas in practice. Moreover we have now occupied and subdued a large self-contained country, with plenty of resources, and we have developed our technique until most of our people can be released from material occupations and employed in improving the conditions of life. Our birth rate is falling, and there appears to be slight danger of our becoming too numerous to live comfortably on our natural resources for some centuries to come. Our efficiency is so high that we can profitably waste a lot of it on free experimentation. These are the conditions that usually issue in a new civilization. Any time we make up our minds to throw in the clutch, the car will start.

Where we shall go with all this new power and new freedom only the future,

of course, can tell. We are the primitives, and we cannot foresee the full flower of our civilization any more than the primitive Greeks could foresee the Parthenon. But some indications of the future are already apparent. We have the power and the desire to make our people physically healthy and emotionally well adjusted. We have the power and the desire to arrange our social order so that the mass of our people shall never again be subject to lifelong fear, humiliation, and degradation. If we can learn to operate our new economic potentialities, with the release of all our people from the constant fear that colors all our lives, our human nature will be considerably improved. Our descendants will be less mean and avaricious, more generous, more reckless, and more adventurous, than we could ever be with the axe hanging always over our heads. They will be larger, brighter, gayer, and better-looking than we are, and harder to discipline. It is fortunate indeed that the necessary permanent measures to make the New Deal operate will not have to include a strict discipline but only a general adjustment of the environment to the needs of a free people.

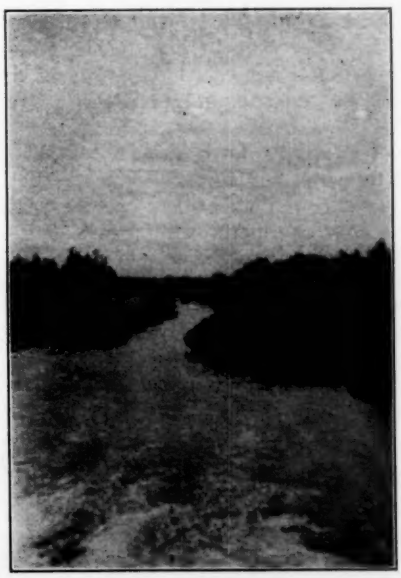
The future cannot be predicted in detail, especially in a time of rapid change. But the signs point toward a new epoch of cultural advance, in which the economic system will no longer be the toothache that fills earth and sky, but only a smooth running little motor in one corner of the cellar. The main business of the household will be the business of making and enjoying a civilized life. Between our unhappy world of 1934 and that pleasant future there lie we know not what trials and disappointments. But the promised land is no dream city of the clouds. We have the power, the science, and the resources. The promised land is real before our eyes, a land flowing with milk and honey, with wheat and cotton, steel, and coal, electricity and manpower. Our destiny lies clear before us and already the tide is running strongly into the future.

Will there really be a morning?
Is there such a thing as day?
Could I see it from the mountains
If I were as tall as they?

Has it feet like water-lilies?
Has it feathers like a bird?
Is it brought from famous countries
Of which I have never heard?

Oh, some scho'ar! Oh, some sailor!
Oh, some wise man from the skies!
Please to tell a little pilgrim
Where the place called morning lies!

From "The Complete Poems of Emily Dickinson," published by Little, Brown and Company.



Social Attitudes and Mental Health*

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GENERAL medicine has a well-defined division of public health. Whether mental medicine has anything comparable is a question. The subject matter of public health is pretty generally known. We have learned the causative agents and factors in quite a number of physical diseases. With that knowledge, measures and procedures can be formulated and effected to the end that public health is promoted. Take for example, just one class of physical illness, namely, the class of infectious diseases. We know that if an individual is exposed to pathogenic organisms he may develop a disease. One method of saving him from this is to control or remove the organisms from 'round about him and thus save him from infection. Malaria, yellow fever, and typhoid control are in part examples. If a typhoid-polluted stream runs merrily on through a community it is not very satisfactory or satisfying only to treat individuals who have become sick. More can be done. The number of typhoid bacteria circulating at large can be reduced and people in contact with the stream can be immunized.

I have set down these very obvious statements hoping to draw a parallel in the less familiar field of mental health. As only one class example was selected from general medicine, namely, the infectious diseases, so the parallel is to be understood to apply to only a part of the field of mental medicine. Do not misunderstand and draw too broad a conclusion. In the parallel I attempt to draw, I do not include such processes as senile dementia, paresis or any of the mental diseases accompanying or caused by physical diseases.

DIFFERENCES IN THE FIELD OF PSYCHIATRY

Psychiatry is going through a stage of development that the other divisions of medicine went through some time ago. You have been able to lay down general principles that can be applied to community health. Not so with psychiatry. We have nothing very comparable with what you can do in the mass sense of public health, in the fields of nutrition, immunization, the control of infectious diseases and many other measures. In part of our work we deal with these same things, but in another vast domain in psychiatry we have to deal with very different things. These last things that I refer to will not submit themselves to the thinking, the measures, and the methods employed in public health. They are not understood any too well at best. There is not a very general agreement about them. And more than that—when one begins to talk about them, he is apt to offend. He encounters opposition and resistance.

Early psychiatry, as did early medicine, had its attention first arrested by gross mental disturbances in adults. These were the terminal or end states. But study of these gave little light on causes. It was agreed we must study the past histories of our patients in search of this light. But that was not sufficient. We saw that we must search deeper into the very earliest beginnings of the processes in our patients. But even after we had searched we could not modify our adults very much. Hope was then thought to lie in the study and treatment of children. This was all progress and carried light and understanding deeper and deeper. But alas,

*This paper was presented at a meeting of the Westchester County (N. Y.) Organization for Public Health Nursing, which is a county-wide organization having 160 members. It holds monthly meetings, usually with an outside speaker.

we found certain causative factors not ultimately residing in the child but in his family. It has become a familiar observation now that one must treat the parents in treating the child. But is that the ultimate? What set up the distortions in the parents? Are the causes to be found in the parents' parents—and on to what generations? Is it a futile search that loses itself in the antecedents? No, it is not futile, however elusive it may seem.

THE APPROACH IS DIFFERENT

As we in psychiatry compare our approach to human problems with the approach of others who work with people, we notice that our attitudes towards people in distress are different. Further, when we try to work with the patient we encounter attitudes in parents, relatives, courts, society, that block the course into which we would like to lead them,—that block the patient's progress. Then we have to begin treating those attitudes in the parents, to take one example, before we can treat the child. We notice still further that mental patients find it difficult to return to society because of the attitudes they encounter. Society calls mental illness a disgrace. The patient shudders at the prospect of facing this. One could multiply examples. The long and the short of it is that one has the colossal significance of attitudes borne in upon him.

ATTITUDES ARE CAUSATIVE FACTORS

Here is the parallel I wish to draw. Social attitudes, or attitudes current in society, are causative factors in this section of mental medicine to which I refer, that in a way may be compared to the pathogenic organisms in your section of infectious diseases. They are forces that distort people. They are, in figurative language, things that make unwholesome the atmosphere they inhale. But can one control social attitudes by measures comparable to sanitary engineering or by immunization as you do in public health? Not now. It is conceivably possible however. I do not say it too loudly, because the experiment is not yet old or ripe enough—but attention can be called to the observation that Dr. Frankwood Williams made that Russia has done and is doing something comparable to a sanitary engineering feat in mental health. And in passing, note the resistance the world has set up to Russia's changes in attitudes. I do not here hang my thesis on Russia nor am I necessarily identifying myself with Russia. I am using it only as an example and the only example I know of that could be called comparable to engineering in mental hygiene. I am firmly of the opinion, however, that our society is shot through and through with vicious attitudes from the standpoint of mental health, and some of these I think Russia has made moves to eliminate. Her changes were abrupt. Our method is to produce changes by gradual education and growth. I am simply indicating to you where psychiatry needs to launch its educational efforts.

CHANGING ATTITUDES A DELICATE JOB

But as I mentioned before, when one approaches the attitudes and philosophies of people with the idea of changing those that are significant in mental health, one is very apt to offend. Should you tell a parent his attitude toward his child has brought about the child's stealing, or his sexual perversion, you set up violent emotions in the parent. I could cite you examples in exactly such things. Should I say that New England Puritanism has contributed to the anxiety states that we see every day, I run the danger of offending. Puritanism is an ideal to many who have grown up in that attitude or philosophy of life.

I use the term "attitude" in a general, rather loose sense. It is probably a difficult thing to define. I am using it in the sense that it represents a group of, or a constellation of mental processes which includes ideas or even a philosophy, together with attending emotions plus expressions. Some of these expressions are conscious, some unconscious, some vocal, some non-vocal expressions of emotions. Attitudes are accordingly more than simply ideas. They are dynamic and have effects on others. They condition one's reactions

to other people and in turn condition their reactions. In other words, they are powerful. They are social forces. They control and modify behavior. They carry all the power of sanctions, ideals, taboos, condemnations.

EXAMPLES OF SOCIAL ATTITUDES

Let us take some examples and begin with one sufficiently remote not to offend—one that can be viewed objectively and impersonally. It is an example of processes that are still operative in our midst. It is false security to think we have risen above such processes. One difficulty with many of our present-day attitudes is that our emotions are still involved in them and we cannot be impersonal. I think of Witchcraft as an example. Many conflicts that we see in patients are just as truly battles in the clouds as was Witchcraft. They are just as truly pure psychic fabrications. Don't misunderstand me. These battles are horribly real to the individual involved. Witchcraft was real. Those New England folks fought desperately to keep back the encroaching hosts that inhabited the forests, that blighted their crops and their live stock, that contaminated people and made them into witches. These witches were tried and executed. And how those New England folks prayed and justified themselves in their high purpose of uncompromising war to the death with the devils! And alas, as we see it, how pitifully unnecessary—if only the battle had not been stated! We do not find it necessary to state that particular battle but we are every day stating and fighting battles that have no other reason for existence, except that social attitudes state them.

Of this category is the problem of masturbation. Society tells the individual that masturbation is devastating, that it weakens the body and mind, that it produces idiocy and insanity, that our institutions are full of those who masturbated. My answer is that the streets are also. Over ninety per cent of males and sixty-six per cent of females have masturbated. So far as I can determine, the act of masturbation in itself is not damaging. I cannot find in the opinions of the psychiatric profession, in psychiatric literature, or in my experience, evidence that the act itself is damaging. We do not recognize it as a cause in mental diseases—but the attitudes that society has created about it—*yes*. Those attitudes are very real causes of some very terrible states. And those attitudes are pure psychic fabrications based on the unwarranted statement that masturbation is devastating. Start with that and you let loose on people a deluge of fears, apprehensions, anxieties, condemnations.

There is another closely related social attitude. Our philosophies have long told us that things sexual are dirty. In the trail of that there are to be seen men and women whose marital adjustments have been made impossible and disastrous. A normal acceptance of sex is made impossible, one or other partner may develop conditioned attitudes that reject the other. Children are brought into the unwholesome situation and suffer distortions, and so the thread runs on from social attitudes to parents to children.

OUR ATTITUDES TOWARD FAILURES IN SCHOOL

Everyone is familiar with some of the views on children some hundred to two hundred years ago. There was a great fear lest the devil take possession of them. Indeed they were close to little devils themselves. The bad child in school would have a split green stick pinched on his nose, various gags were placed in his mouth, the dunce was set up to ridicule. Indeed, in my own time, I have read a principal's instructions for discipline to his teachers. He recommended that the child be put in his place before the group. We have made some progress but too often the child with a limited capacity is called "bad" before the class. Too much still do we measure people in terms of goodness and badness. Too often we say a child can do better if he will and treat him on that assumption. A child, just as truly as a plant, cannot do better than he is doing under his circumstances. We have made that much progress that we sometimes

ask ourselves what are the circumstances and if the child has capacity to do better under them. We sometimes think in terms of adjusting him on that basis. The challenge is to know the total situation and that is directly up to us. But it is a labor to do that and is painful to admit that we are ignorant. We do not like to have the burden of proof on us. It is more soothing to us to throw it back on the other fellow. We say, "I reasoned with him" (in my terms). "He will not heed, he is bad and therefore let the burden be on his head." That is a vicious attitude and a very prevalent one. It is a sheer selfish defense of inadequacy and ignorance.

IN THE INDUSTRIAL WORLD

It seems to me I see something of the same sort in society's attitudes towards the great mass of the poor, the dependent and the less capable people in the world. We have not honestly faced nor adequately answered the question as to whether or not these people can survive in our present social system. It seems to me these people are quite in the position of the child in the schoolroom of one hundred years ago who did not have sufficient capacity and who then was thought to be perverse and possessed of the devil. He was held to the arbitrary expectation of all others. He was whipped, ridiculed, degraded and defamed and if he did not heed our would-be logic and reason, he was abandoned to his fate. And similarly the less capable people in society are left to survive as best they can. Oh, it is true social agencies throw in a little help. But I would raise the question—Have we developed a social mindedness or philosophy in the mass of the people that is even decent? I think the throes and turmoil we are going through now are the answer in the negative. I cannot conceive of a great mass of the people having wholesome mental states in the atmosphere of social attitudes in which we are immersed. Those who have plenty of worldly goods tell us we must not give the poor devil a dole. It would hurt his morale. We are our brother's keeper. We are more interested in his morals than his torture. It is the old schoolroom attitude towards the bad boy who won't do what he should.

There are many, many unwholesome attitudes. Puritanism with all its rigidities is still dragging a trail of tragedies. It made its adherents unplastic and unadjustable. It classified people too sharply into the damned and the self-justified. It did much to brand everything pertaining to sex as filth—even contraceptive information. It has fostered in the minds of the good people the attitude that the others are untouchables. Our current principles and practice of charity are not unalloyed. Those who have of worldly goods have maintained a very effective propaganda so that what they have will not be cut into too far. They let it be known that it is not honorable to go on charity or even relief. The poor devil must not lose his self-respect. He is thus kept from asking too much. Do you not remember during the first part of this depression what an effort was made to keep relief on a private and charitable basis? In short, our philosophy of charity has stultified, smothered and delayed the development of a decent social philosophy in the mass of the people.

It seems to me the question of woman's place has come down through the ages. Bring into relation to this the observation that hysteria has been almost peculiarly a woman's affliction. In the processes operative in this condition I seem to see threads from chivalry, Puritanism and our fact-dodging romanticism.

SOCIAL ATTITUDES ARE CONTAGION IN MENTAL HEALTH

One can hardly exhaust this subject. You would not care for me to try. It has not been my purpose to give you a list of principles of mental hygiene. I have endeavored to find a statement in mental hygiene that would approach in method and analogy, if not in subject matter, the field in which you are familiar—public health. Thus I mention that there are attitudes current in society that are unwholesome. I have used some remote examples and told you that many current ones are in the same category. However, many people hold

on to current attitudes as cherished principles and ideals. I would not wish to offend in these unless we had an opportunity to see the subject through to an understanding. I simply wish to make the point that social attitudes are the stuff that is contagion in mental public health. I would invite you to be critical of social attitudes. Possibly we could list a few earmarks of those that are to be questioned. They are those that generate fears, apprehensions, anxieties, guilts; that view other persons as untouchable, unworthy; that victimize and hurt; that are rigid and uncompromising. These are some of the things that produce our mental problems. These are the things that are back of the parents, the teachers, the nurses, the doctors, the preachers, all associates who contribute to the problems in individuals. And how futile it is for us to work with the individual case and then return him to the same atmosphere. Mental public health waits on changes in social attitudes.

Dr. Bloodgood Answers

Our readers will remember that during the series of articles on cancer by Dr. Joseph Colt Bloodgood* he offered to reply to any questions our readers might send in and allow us to publish his answers. These are they:

What should the public health nurse do if a patient is afraid to go to her doctor for fear she has cancer?

When the nurse is unable to persuade the patient to go to her doctor, either in his private office or in the dispensary, then she should go to the doctor herself and explain the situation to him, and follow his advice.

An intelligent man of sixty has a growth on the left side of his tongue. He smokes continually. On being advised to see his physician at once he replied he'd rather die of cancer, than be operated on for it. Is there any argument the nurse can use other than stress the long drawn out suffering as compared with the brief discomfort after operation?

You can tell such a patient that the chances are that the treatment for the growth on the side of his tongue can be cured by irradiation as well, or better, than by operation. In fact, the majority of the medical profession prefer irradiation to surgery for cancer of the tongue.

Please give me some information about cancer of the body of the uterus in unmarried women.

The information that we have been giving to women for years says that if there is any change whatsoever in the menstrual period, or any appearance of a discharge between periods, or the reappearance of the menses or any discharge after the menopause, then these are warning symptoms which demand an immediate examination by a competent physician. This is not sufficient protection from cancer of the cervix because there may be no discharge or symptoms until cancer has developed, but there should be annual or semi-annual examinations anyway. This is one of the first symptoms of cancer of the body of the uterus and many cures have been accomplished either by irradiation or hysterectomy.

It is important to note that the symptoms of a little local lesion that is not cancer and never will become cancer, and the little local lesions that are not cancer but which may become cancer, and the earliest stage of cancer are identical. This is the great value of periodic examination and immediate examination after the first symptom.

Is there any suggestion for the nurse to use who has to bolster up the courage of the case that is hopeless?

It is difficult for a nurse to bolster up a patient with a hopeless disease, except in coöperation with the doctor, and both the doctor and the nurse should do everything they can to keep up the courage of a hopeless case. The best thing is to give some hope—no matter how hopeless it is, but again this is the responsibility of the doctor, and he needs the help of the nurse in keeping up hope. There is a great difference of opinion, however, among physicians as to what the hopeless patient should be told. My feeling is that they should not know that things

*These articles appeared in November and December 1933, and January and February, 1934.

are hopeless. In the first place, the best physician may be wrong. In the second place, no one can tell how long the patient will live. In the third place, people are more comfortable, if they can hope.

Many public health nurses come in contact with foreign or ignorant patients very shortly after they have learned of their diagnosis of cancer. Is it not justifiable to use a fear motive with them in urging immediate operation (always supposing surgeons have already urged it)?

On the whole, it is wiser not to frighten patients, even if they are foreigners or ignorant, or both, to get them to follow your advice. The essential thing for the public health nurse is to try to relieve fear and anxiety, and it is sometimes very difficult when the doctors tell this type of patient that cancer (if this type of patient is ignorant) is not curable. There should be no more fear of cancer today than of tuberculosis, if it is seen in time and properly managed.

If the doctor has not told the patient or the patient's family that he has cancer and the nurse is asked if he has it by the patient or by the family, what should be her answer?

It is a good plan for a nurse not to answer such questions when the patient is under the care of a doctor, unless the doctor tells her what to say. The nurse is not the one to tell the patient that he or she has cancer. It is the same rule when the nurse is asked by a member of the family. It is wiser for the nurse to say nothing to the patient, except encouragement, and refer all questions to the doctor.

Will you please give me some brief statistics to quote in teaching cancer prevention?

Cancer of the skin is a preventable disease, and in its early stages curable by surgery or irradiation.

Cancer of the cervix, like cancer of the skin, is a preventable disease, and can be cured in its earlier stages in over ninety per cent, and in its advanced stages in over four per cent of the cases. The method of prevention depends upon an absolute rule—that every mother should be examined within six months and one year after the birth of her last child, and the cervix felt and looked at with the eye in a good light, and this examination should be repeated as often as the physician thinks best.

All women who have had no children should report the moment they observe anything unusual in the menstrual period, or any discharge that appears after the menopause.

The dangerous age in cancer for women is from the time of the birth of the first child. I am beginning to feel that every woman who has had a child should be examined at least once a year, or twice a year, up to the time of the menopause, and then the moment there is any unusual symptom.

Cancer is fatal in practically all cases, if not treated, although some cases of cancer may live thirty to fifty years without treatment, and die with something else. I have observed one case who lived from 1895 to 1932, thirty-seven years, with cancer in the axilla during all this period.

Cancer of the skin, of the mouth, and in the cervix of mothers are preventable diseases. The curability of cancer is largest in its earliest stages. Cancer of the cervix, of the skin and mouth are curable in ninety per cent of cases in the earliest stages. If the glands in the axilla in cancer of the breast are not involved, the five-year cases are seventy per cent. The glands when involved, the five-year cures are twenty-five per cent, if the basil gland only is involved; twenty per cent if the mid gland, and ten per cent if the apex gland is involved.

The dangerous signals of cancer are any new spot in the mouth, or on the skin, that has not been seen or felt before. I have already given the dangerous signals of cancer of the cervix. Anything that attracts a woman to her breast, something which she has never seen or felt before, should mean an examination by a doctor. Anything different in any sensation in any part of the body, or any unusual discharge, or anything of any kind, is far better for a physician to explain what it means than for the patient himself to interpret it.

Cancer of the rectum ultimately will be discovered at routine examinations—by the finger examination, and by the proctoscope, but any bleeding or any discharge with the stools, should need an immediate rectal examination. The unexplained diarrhoea or constipation, or any unusual symptom within the rectum, should mean a thorough examination with the employment of the proctoscope.

Material and Medical Relief for Employees

By MELDA F. MacDONALD, R.N.*
Industrial Nurse, Pequot Mills, Salem, Mass.

MEDICAL relief in industry in the United States was started in 1895, when the Vermont Marble Company engaged a trained nurse to visit in the homes and care for the sick workers and their families. From this somewhat meager beginning has grown this tremendous program of medical and material relief in industry throughout the country.

The growth and development of these measures were influenced in a large degree by the imposition of compulsory liability insurance. It was recognized early that much of the routine and follow-up care of the sick and injured could be done by the nurse; consequently, she plays an integral part in this program because of her opportunity for personal contact with each employee.

QUALIFICATIONS OF THE INDUSTRIAL NURSE

Let us consider some of the essential qualifications of an industrial nurse. Physical appearance means much, and both first contacts and subsequent meetings are made more pleasant by personal attractiveness. Good health stands out as a chief requisite; also a good constitution and nervous system. She must be democratic and have a kind of friendliness—friendliness which in this case does not mean intimacy, but rather a kindly feeling towards others, which is completely within control of the individual. Her sense of humor should not be missing; sunniness, sympathy, bigness of heart and understanding should be included in her characteristics for they help a great deal when a patient is in discomfort or pain. Whether mental, physical, moral or spiritual—the ill or difficulty is more easily solved or helped by friendly interest. Personality determines one's fitness for a particular job, as well as intelligence and capability. The industrial nurse must be eager, both to learn and to teach, and she must be willing to work hard for the betterment of the employee and the employer because all of the medical relief part of the program is carried out through her department.

MEDICAL RELIEF PROGRAM

This medical and material relief program is carried out by the following groups and services:

Industrial Nurse
Physician
Personnel Manager
Safety Committee
Mutual Benefit Association
Group Insurance
Pensions
Social Service
Compulsory Liability Insurance
Plant Sanitation and Hygiene
Nutrition: Classes
Recreational Activities
Home Visits.

This is a long step from the time when the employee covered his wound with tobacco and wrapped up the injured part with any old piece of cloth; or when, maimed for life, he had to suffer both physical and financial loss with no compensation.

Medical and material relief in industrial plants today have become not only assets but necessities, and the economy of these provisions is shown by the reduction in insurance premiums, minimum amount of lost time, and the ability to give immediate care to the injured, which tends to prevent or shorten the period of disability.

The following is a summary of the activities of the medical department, of which records are kept:

1. Physical Examinations
   a. All new employees: If defects are found, and can be corrected, the ap-

*Presented at the N.O.P.H.N. Round Table for Industrial Nurses, Biennial Convention, Washington, D. C., April 24, 1934.

plicant is passed and assisted in rehabilitation by the medical department.

b. Annual or periodic examinations of all old employees. (These physical examinations are excellent opportunities for health education, early discovery of disease, proper placement of the worker, and help prevent unjust claims for injuries such as hernia).

c. All employees who have been absent from work for more than seven days due to illness, to prevent anyone from returning to work in a weakened physical condition.

d. Prospective office employees, for mental alertness.

2. Diagnosis and Treatment
   a. Injuries resulting from accidents during working hours.
   b. Minor illnesses, but only as long as employee is able to work and visit plant hospital.
   c. Surgical condition not caused by the employees' work, and only when they are able to be at work.
   d. Medical non-factory cases requiring medicine are given prescriptions by plant physician if employee is able to work.
3. Dental Clinics
   Hygienist for free examination and cleaning.
4. Ophthalmic Clinics
   Free examination of eyes (glasses obtained for employees at reduced rates.)
5. Oral Clinics
6. X-ray
7. Physiotherapy and Posture
8. Laboratories
   a. Blood counts
   b. Smears
   c. Urinalysis
   d. Hay fever inoculations
   e. Cold vaccine inoculations
   f. Typhoid inoculations.
9. Sale of Medical Supplies at Cost
10. Rest Room
    Rest periods
11. Education of Workers
    Safety practices, personal hygiene and health habits. Employees are urged, particularly in the fall of the year, to take advantage of local educational opportunities (the factory coöperating with the local school department by allowing the use of space for classes in Americanization for the foreign born, immediately after work in the afternoon.) Free libraries, well equipped with reference books on general and business subjects; also lending library.
12. Expectant mothers are referred to their own physicians, and if able, are allowed to work until seven months pregnant. They cannot be reëmployed until three months after confinement.
13. Miscellaneous Duties
    Care of employees under supervision of private physician, perhaps by taking temperature daily for diagnostic purposes, or by giving treatments.
    Coöperating with local Board of Health in the control of communicable diseases. Keeping in contact with and being able to refer employees to any local agency for relief or any other adjustment.
    One company has a "Tuberculosis and Cancer Free Bed Fund," one-half of which is contributed voluntarily by the employees, and the other half by the firm, to take care of those who are suffering from these diseases and are without funds for hospitalization.
    Giving advice on all kinds of personal matters, such as prevention of disease, proper food, clothing, shoes, and care of the body.
    Supervising the general sanitation of the plant.
14. Reports
    Making a monthly report to the management, keeping records of all accidents and illnesses and visiting employees in hospital.

Material welfare is designed to promote the economic, physical, mental and social well being of each person concerned, for the successful operation of the business, and the extent of this work is determined by the size of the establishment.

The Safety Committee probably comes first in importance once it exists primarily to reduce the number and severity of accidents. This committee has representatives from the executive group, department heads, foremen and workers. They usually meet every two weeks to discuss the causes of accidents, and to offer suggestions to help prevent them. The report of this group is sent to the general committee, consisting of the manager, superintendents, safety engineer and nurse, for final action.

Workmen's Compensation Insurance: This varies in different states. In Massachusetts, the minimum is $9.00 per week, or two-thirds of the injured employee's wages up to a maximum of $18 per week, beginning at the second week, with specified amount for permanent disability, loss of a member, or death.

Mutual Benefit Associations: These are organizations of employees within the factory, for protection of its mem-

bers in case of sickness, accident or death. Members paying small weekly or monthly dues are given benefits according to the amount they have paid in for a period of thirteen weeks, also death benefits.

Group Insurance: This is a blanket form of insurance which provides death and disability benefits for the employees. This type of insurance may be paid entirely by the company, or the cost may be shared with the employees.

Pensions: Pensions are given in a few plants, to elderly and disabled employees, and are determined by years of service.

In one firm all employees are on a salary basis, and salary is automatically continued one month for lost time due to illness.

The offices of the Personnel Department are open to all, for consultations of every kind from Christmas trees to divorce. Many employees purchase their supply of coal through this office! Payments are arranged on a weekly or monthly plan.

Legal departments extend, without charge, advice in minor personal difficulties, and small loans may be secured when needed. During the depression, one company loaned money to employees in want, without interest. It also kept large numbers of employees busy repairing the buildings and caring for the grounds.

Provision for buying gasoline, coal, wood, and rubber goods at a reduction, and paying for coal and wood on a weekly basis, is not unusual. At Thanksgiving and Christmas baskets of groceries are given by some plants to worthy employees; and families are provided with clothing, food and fuel to tide them over the first two weeks after an accident, until the compensation commences. Bottled milk is sold at cost during working hours and delivered at their work benches. Safety discs are sold at cost.

Unemployment insurance is often shared by employer and employee, alike. Through it, employees laid off for lack of work receive direct relief in the form of carefully selected food supplies, fuel and other essentials, delivered to their homes.

A lunchroom, where employees may either buy food at a minimum cost or take their own lunches and leave them to be heated by the person in charge, is often provided, as well as a club house for social and educational purposes, where baseball, basketball, etc. may be engaged in by the boys and girls.

The human factor is the soul of industry, and here is where the nurse plays a most important part, because of her personal contacts and position of winning the confidence of the employees. She is often the link between the management and the employees, whereby happier relations may be established, for, after all, business is built and maintained by the healthy, contented employee.

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR JULY, 1934

What Constitutes the Camp Nurse's Job?

By LEORA BELLE STROUP, R.N.

EVERY well-regulated summer camp of today has on its staff a graduate nurse. On first thought, one would think that this would be a very easy job and that there would be little to do at a camp except to be on call to take care of an occasional scratch or mosquito bite and the rest of the time one could enjoy the fresh air and participate in the outdoor activities.

But those who are acquainted with real camp life know that the work of the camp nurse is very broad and that her first aid station is a very busy place most of the time for treatments, information and advice, and a chance for health teaching too.

When summer camps were first established, the director and her assistant were not ōnly the executives but they were the camp dietitians, the camp nurses, the program chairmen and coaches of games and sports. Oftentimes they were not trained along any of these lines specifically, but being "all-round" healthy girls and quite versatile, they were capable of rising to meet any situation.

Today the camp nurse has her own definite duties to perform at camp and these, if she is conscientious, usually keep her very busy.

QUALIFICATIONS FOR CAMP NURSE

The individual chosen to be the camp nurse should be a graduate of a recognized school of nursing with experience in both private duty nursing and home nursing. She should meet N.O.P.H.N. membership requirements.

She should have the public health point of view.

She should be interested in health education and should be willing and ready to teach health habits and attitudes whenever and however she can.

She should radiate "an abundance of health and overflowing vigor" herself. She should exemplify what good physical and mental health should be.

She should be interested in the campers, and adapt herself to their needs whether they are boys or girls, young or middle-aged, poor or wealthy, unemployed or employed.

She should be unselfish in her attitudes and should be willing to devote some of her time to the individual needs of the campers or staff, who come to her for information and for other than first aid treatments.

She should be an all-round girl who is willing to coöperate with the staff and councillors in their efforts, whether it be participation in a camp program of entertainment or in carrying out a camp routine.

It would be helpful if she could be able to give occasional health lectures or a first aid demonstration to the group as a program activity.

For her own benefit a clear up-to-date knowledge of first aid as it is taught in the regular first aid classes, using the text-book of the American National Red Cross as a guide, would be helpful.

She should be young (probably between 25 and 35 years old) but capable of using mature, balanced judgment in all situations and on all occasions.

HEALTH EXAMINATIONS

Let us presume that this is a camp for girls. Each girl as she arrives must present to the camp nurse her health certificate. These are records of the health examination given by the girl's own doctor, at home. It shows that an examination has been made of nose, ears, eyes, and throat, also the skin and feet. Examination is also made of the heart, lungs, and the abdomen.

The last question on the report asks, "Can she participate in all the games, sports, and activities of camp life? If

not, what are the limitations?" If swimming or horseback riding, mountain climbing or certain sports are to be omitted, the camp nurse reminds the girl of this and suggests that she participate in the lighter forms of recreation offered by the camp, such as archery or quoits.

If the certificate shows an underweight condition, advice is offered to the girl on how to gain weight. Many times her major reason for coming to camp is to gain weight during her stay there. Rest and relaxation are emphasized. Warning about getting overtired or taking part in too strenuous sports are given her in a general and friendly way. The girls who are overweight are encouraged to watch their weight by using the scales each day, to eat all the foods on the menu, but in small amounts, and to refuse second helpings. A chart of normal weights for various ages and heights is provided.

The camp nurse knows from the health certificate which girls in camp have limitations and she should help them to find other diversions. They usually want to do just the sports that are limited. An easy way to manage this in a large camp is to hand to the councillor in charge of a certain sport, the names of the girls who cannot participate in that sport, taken from the health certificates, so that she can aid in the follow-up. For example, the riding councillor at a certain camp always had in her pocket a little list of the girls who were not to ride. Being very few, these were much easier to remember than a long list of names of girls who could ride.

If a girl arrives at camp who does not have a health certificate, she is not allowed to swim until she has been examined by the doctor and her health certificate filed with the camp nurse. The local village doctor is usually willing to give this examination for a reasonable charge.

Athlete's Foot: Toes should be examined by the nurse when the health certificate is presented, and always before being allowed to swim. There are three types of athlete's foot infection for which she must always be on the lookout. One is tinea, which is a mild irritation appearing between the toes, red in color and itchy and exudes a light yellow serum sometimes. One in every six girls have a trace of it, due to careless drying of the feet or uncleanliness, especially between the toes. A special ointment prescribed by the physician applied twice daily will usually clear up tinea in three days or less.

The real athlete's foot is a more severe infection in which there is peeling between the toes and small blisters and redness between, under and around the toes and sometimes on the ankle bone and instep. When the case is very, very slight, the girl is allowed to go swimming, but she must wear rubber shoes around the swimming dock and in the water. Also, she is instructed in the technique of controlling transmission to others. The infection can be transmitted to the face and to the hands. There are various treatments: the most successful seems to be to soak the feet for twenty minutes in a strong solution of potassium permanganate twice daily until the infection is dried up.

The most severe type of infection which is liable to be found on the feet or on the skin is ringworm. Extreme measures of carrying out contagious disease technique should be taught to the girl who has it. Applications of ammoniated mercury ointment and the part exposed to bright sunlight until thoroughly dried seem to aid in the treatment.

The foot inspection is an excellent opportunity for the camp nurse to teach all she knows about foot hygiene, a subject which seems to be needed by many, many girls.

SUN-BATHING

Usually at a girls' camp, a suitable place can be found for sun-bathing. The best time of the day for this would probably be during the rest period from two until four o'clock in the afternoon. The length of time of exposure of the body to the sun should be supervised by the camp nurse as it varies for different individuals, and with the degree of brightness of the sun. On days when the sky is blue and the air is clear and

the atmosphere is very hot, exposure to the sun's rays should be limited and watched very carefully. Blonde girls with thin skins should be especially watched.

Noses, tops of shoulders, etc., can be protected by cold cream or by a layer of cellophane which allows the ultra-violet rays to penetrate and the skin to tan, but helps to keep out some of the burnings rays of the sun.

For first degree burns (redness) and mild second degree burns, Fuller's earth antiseptic powder dusted on with cotton is easy to apply, inexpensive, eases the burn, protects the skin and is more convenient to use than ointment.

OPPORTUNITIES FOR HEALTH TEACHING

There is opportunity every minute of the day for health teaching. It is always a help to the councillors in charge of the program to know that the nurse is capable of giving a health lecture on any phase of health whenever it fits into the program. At one camp an evening was designated as "choice evening." The diversions offered were games in the lodge, story telling in the boat house, a star talk on the dock, and a health lecture in the library. In the afternoon, the news spread that the lecture was going to be about what the girls themselves called, "What every girl should know." That evening the whole camp appeared at the library! The lecture was given, questions were asked and answered until bedtime.

Staff members usually sit at the head of the table and serve in the dining room. The camp nurse's table can be very popular, once the campers know that she can answer their questions in a practical discussion on "How can I get thin," "How can I gain weight," "Why is my skin so sallow," "What does the sun do for the body," "Can I get too much sun," "How can I get tanned," "Why am I always tired," and "Why don't we have coffee instead of milk to drink here?"

These are usually voluntary questions and all the girls at the table listen for the answers. Surely if the camp nurse could change the health habits and attitudes toward health of but one-tenth of the many girls who come in contact with her at a camp, her summer's work would be not in vain.

FIRST AID

There are always accidents at camps, large or small. Also there will always be mosquito bites, rock bruises, sprained ankles and sunburn. The nurse's first aid station is, therefore, an important fixture at camp. It should be in a quiet but convenient section of camp and large enough for an office and a small infirmary. Many times it is advisable and necessary for a girl to be kept at the infirmary over night or for a few hours or a few days. The infirmary looks like any other building in camp and boasts of books and magazines on the shelves made of boxes, and even pictures on the walls.

The most important articles in the supply cabinet are three and one-half percent tincture of iodine, alcohol, calamine lotion with enough phenol added to make it a two percent solution (for insect bites and poison ivy), sterile cotton, sterile 3-inch gauze bandage (for sterile compresses), oil of cloves, boric acid solution, soda bicarbonate, benzine, ammoniated mercury ointment, Fuller's earth (for sunburn), and butesin picrate ointment (for second degree burns), and of course, any special ointments or medications prescribed by the physician.

Members of the camp can contribute cellophane from wrappers on boxes to cover areas of the skin over which ointment is spread, to save dressings and clothing stains.

Other necessities to be kept at the first aid station are an army stretcher and a cane, at least two wooden splint boards, hot water bottles, an enema outfit and an ice cap, also an oil stove and a sterilizing pan are handy.

It is wise for the nurse not to take too much responsibility in treating cases reported to her. A good rule to follow is "If in doubt as to whether to call the doctor, call the doctor," or take the patient to the doctor. The camp nurse should always be on the lookout for contagious diseases and isolate the patient immediately. Colds, even when camp-

ers are outdoors most of the time, can become epidemic in a camp.

Snake bites are not common in most parts of the United States where camps are located, but the camp nurse should have a very definite knowledge of what to do should the unexpected happen. It is no longer considered necessary to have in camp "snake serum" which has to be kept in the icebox, is expensive, difficult to administer and ineffective as a first aid measure. If the doctor who attends the camp emergencies keeps serum on hand in his office, or at the nearest hospital, the camp does not need to do so. It is estimated by physicians that in order to become effective, 10 to 15 syringes of serum (10cc each) have to be given.

The proper thing to do is to get the patient to the doctor within the first six hours (of course, the sooner the better) and start first aid treatment at once. The first aid treatment for snake bites is as follows:

1. Tie a tourniquet around the limb just above the bite to increase the congestion in the veins and increase bleeding.
2. A cross-cut incision ½ by ½ inch should be made with a sharp knife or a razor blade over each fang mark, or preferably to connect the two fang punctures, making four flaps. The cut must be from ⅛ to ¼ inch deep—deep enough to insure full bleeding.
3. Apply suction for at least ½ of an hour.
4. Keep the patient quiet and give the usual treatment for shock.
5. Do not give alcohol or stimulants.
6. Absolute rest.
7. Always obtain a physician's aid as quickly as possible.*

SANITATION AT CAMP

In a well-regulated and well-directed camp, sanitation of the surroundings is not one of the nurse's direct problems. In the Palisades Park of the States of New York and New Jersey, the park commissioner and the park doctor are directly responsible for sanitation of the 83 camps on the many lakes of that area. The water is tested, filtration is supervised, camp kitchens and ice boxes are inspected weekly by them. The food handlers must pass a strict physical examination which includes the Widal and Wassermann tests before being allowed to come to camp. All milk, meat, and foods are brought to camp fresh daily and trained dietitians supervise all activities and sanitary measures in the kitchen.

As to the toilet facilities, large turreens with deep vats of chemicals take care of this problem. This is also under the care of the park. The camp housekeeper supervises sanitation in the cottages, with the coöperation of the campers themselves.

In a smaller and more isolated camp not under park regulations, these problems might become part of the nurse's responsibility. In this case, usually with the help of the director of the camp, ways and means can be worked out satisfactorily.

THE DAY'S ROUTINE

The day's routine at most camps begins with a rising bell at eight o'clock in the morning and breakfast at 8:30. A convenient time for the nurse's office hour is directly following each meal for 45 minutes or one hour. The rest of the time, day and night, she is on call but not necessarily in her office.

All activities at the water front are supervised by the swimming councillors who are also the life guards. This reduces the chances of water accidents to nothing at all. The regular hours for swimming are usually from 10:30 to 12:00 in the forenoon and from 3 until 5 o'clock in the afternoon. The camp nurse should be at the dock the greater part of this time to make sure that only those girls who have presented health certificates and have had their toes examined for infection are allowed to go in the water. This is only at the camps where the enrollment is continually changing. At small camps or where the same girls remain all summer, the whole procedure can be much simplified. Arrangements such as these are details for the nurse to work out with the swimming councillors for the greatest convenience to all concerned.

From 2 o'clock until 3 o'clock in the afternoon is the rest hour. Everyone should coöperate and make this a quiet

*From American Red Cross First Aid text-book, page 96.

hour. Those who prefer it can take sunbathing at this time.

Supper at 6 o'clock does not end the day's activities. All staff members including the nurse are invited to take part in the evening's program of entertainment from 8 until 10 o'clock.

For the nurse who spends the major part of the year in an institution where freedom, joviality and light-heartedness are seldom known because of the serious nature of her work, the evenings of fun and frolic at camp are exhilarating. There is opportunity for all kinds of creative expression, and self-expression which ought to have a more or less "rejuvenating" effect upon her during her summer at camp. Also being in bed at 10:30 each night is certain not to hurt her! It is an opportunity to rest nerves and muscles tired from a strenuous winter in a city, to regain firmness of skin and muscle and return to work in the fall, a new person.

Each member of the camp staff usually has "time off" during the week. At large camps where there are many people and the responsibility is great, a 24-hour leave each week is a welcome and much-needed period in which to forget duties, leave camp if possible and be by oneself. This is a time when having a car is worth the price paid for it, though after one day in the hot city, camp is welcome again.

FITNESS FOR THE JOB

At camp there is usually almost no bedside nursing to be done, so a uniform for the camp nurse is not appropriate. It would be very conspicuous and certainly unhandy in which to climb over rocky paths, very warm and expensive to keep laundered. On the other hand, the nurse does not need to go to the other extreme and wear the shortest of short shorts. It would be wise for her to try to strike a happy medium. A pair of warm riding trousers with knee length golf stockings in matching color, on cold days, with white or colored cotton blouse, a sporty jacket or sweater and a beret to match makes a most comfortable, attractive and appropriate outfit. On hot days white cotton knickers and short sleeved white sport shirt with white cotton golf stockings, with white beret make a nice outfit which is sporty for the nurse, yet dignified, if sport clothes can ever be dignfied!

The nurse *not* in demand, especially at a business girls' vacation camp is the fat or overly-thin person who wears high collared uniform and cap on all occasions at camp, who cannot see a joke and is afraid to smile, who cannot join the "councillors' chorus" and takes everything so seriously that she is continually unhappy. Everyone is in awe of her and slight accidents do not get reported, because she makes every little accident a major tragedy. She is just "the nurse", someone from whom it is better to stay away!

The situation is made worse if she herself cannot radiate good health. Also, it would seem that dismissal by the director in mid-season would be justifiable if the nurse demonstrated through her actions that she was on a vacation herself and therefore did not want to be bothered with the responsibilities of her position.

It is true that the salary for a summer at camp is usually small, but if a job is worth doing at all, it is worth doing well. The opportunity for the camp nurse to build health, set new patterns and change poor health habits of those whose health she is to supervise while they are members of a camp, is really unlimited, provided she is unselfish enough to see the needs and has a health educational attitude toward the work which she is doing. After all, the nurse is a teacher always.*

*The N.O.P.H.N. has a selected list of reference reading on camp nursing, available free on request.

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The Preschool Program in Public Health Nursing*

WORKED OUT BY THE STAFF OF THE
VISITING NURSE ASSOCIATION, SAGINAW, MICHIGAN

IN 1930 at the White House Conference the fact was disclosed that in the ten million defective children a great many were of preschool age. Eighty percent of these were not receiving the attention necessary. Since 1930, due to economic conditions, this percentage has no doubt increased tremendously.

Economic standards have changed so rapidly and so completely that even the adults of the present generation have as yet not been able to become completely adjusted to their changed environment. For this reason they are not able to instill in their children during these early years the correct attitudes which will start them along the right road through life. It has become necessary, therefore, for the community to provide trained workers who will coöperate with the parents and schools in directing the child during his early years toward the best physical, mental and emotional development.

The logical person to serve in this rôle is, of course, the public health nurse. She comes in closer contact with her public than does any other individual. She is trained to detect defects in children while there is still time to correct them. She has the coöperation of the private physician and various clinics and above all she can arouse in the parents of defective children the complete confidence necessary to bring about adjustment.

The following outline presents the important points for the public health nurse to cover in the preschool program.

A. VISITING PERIODS
1. 1 to 2 years—1 visit every two to three months
2. 2 to 3 years—1 visit every four months
3. 3 to 4 years—1 visit every six months
4. 4 to 5 years—1 visit every twelve months
(adjusted to meet individual needs)

B. POINTS TO BE OBSERVED
1. Detection of defects
   a. physical
   b. mental
   c. emotional
2. Protection against disease
3. Determination of present and future growth needs
4. What may be expected of the child in the future
5. Teaching of daily routine
6. Sense of balance between growth and health

C. PROGRAM TO BE WORKED OUT WITH
1. Private physicians
2. Health centers
3. Special clinics
4. Schools
5. Other community agencies

There is a fundamental preparation which should be taught to the parents when the nurse makes her prenatal visits. With the coming of the baby the choosing of a suitable home is to be considered with the following points in mind:

1. Neighborhood
2. House with a yard or nearby park
3. Advantages of house on one floor or apartment with elevator or space on ground floor
4. Physical characteristics of a satisfactory home for a child—
   a. plenty of window space for sunshine and fresh air
   b. satisfactory sewage connection
   c. pure water supply
   d. clean, restful, homelike setting with absence of crowding
   e. separate room for child (if possible) at least separate

*We are continuing to publish suggested outlines for teaching content in various types of visits. See also March, April and May numbers of this magazine.—Editors.

bed and drawer or table space for child's own things

A. The adult background:
   1. Coöperation and understanding between father and mother so that child may feel emotional security
   2. Adjustment of individual behavior patterns so that harmony may exist in home
   3. Sense of responsibility for development of a new life
   4. Adjustment of personal prejudices relative to discipline of child
   5. Need for parents to feel that adaptation to whatever economic level pertains is necessary. (Part of the zest of life comes from readjusting to new situations.)

B. Parent-Child Relationship:
   1. Behavior toward child should be objective. Respect his personality
   2. Do not give an undue amount of affection. Stabilize and readjust it to the individual type of child
   3. Do not use love relationship as a disciplinary method
   4. The amount and kind of discipline should help the child to become independent and stable—
      a. be consistent in demands
      b. be reasonable and right in demands
      c. do not use threats or bribes
      d. do not make misbehavior interesting
      e. agreement of father and mother on methods of discipline is paramount

When the public health nurse enters this field of preschool visiting she should be very familiar with the normal child at the various age levels, in order to recognize skillfully her teaching opportunities. Thus the outline has been set up with the normal child on one side and the possible teaching content on the other.

AT THE ONE TO TWO YEAR LEVEL

THE NORMAL CHILD	TEACHING CONTENT
A. Physical Growth	Health examination every second month.
1. Weight—Male, 20½ to 26½ lbs. Fem. 19 4/5 to 25½ lbs.	Weight once a month.
2. Height—Male 29 to 32½ in. Fem. 28 7/8 to 32½ in.	Measure height on birthday.
3. Dentition: 10 to 14 teeth	Teeth cleaned with soft cloth or very soft brush. Child should be taught to chew food thoroughly. Malocclusion results from prolonged effects of thumb sucking, toy sucking, etc.
4. Bony structure development—posterior fontanelle closed at 7 mos.	Cod liver oil given daily throughout year.
Anterior fontanelle closed at 14 to 24 months	Milk and green vegetables are essential.
Bones straight and supporting body in a normal way	Sun suits for summer wear. Value of sun baths and how given.
	Correction for bow-legs should start early.
5. Muscular development—walk at 10 to 15 months. At 18 months assists with dressing and undressing, cuts with scissors and strings beads. At 24 months selects colors, picks up and puts away toys.	Supervised play in and out of doors (mother and nursery school teacher).
	Develop independence as well as finer coördination by allowing child to help mother.
B. Sensory Development	
At 18 months sense of touch concerned with differences in objects (likes to touch fur, rubber, etc.). Sense of proportion includes contours of own body.	Provide experiences for child.
Sense of sound increases rapidly from 18 months: identifies sounds, likes music, frightened at loud or harsh noises.	Eliminate fear from sounds like thunder, fire engines, etc.
Perception of color at one year.	
Judgment of shape at 2 years.	
C. Mental Growth	
Shows preference for members of family and familiar objects in home.	
Investigates anything unusual.	Parents should provide objects for experience.

D. Emotional Responses Reacts to affection—demands attention. Recognizes failure—seeks assistance.	Work for independence. Child should not cry every time he is hurt. Affection should not be used as a bribe. Help child to develop a controlled speaking voice through imitation.
E. Language Development Should be able to use 5 words at 18 months. At 2 years uses pronouns and makes short sentences.	Words and the objects they represent should be pointed out by the parent, *i. e.*, make the association for the child.
F. Habit Formation	
1. Food—interested in and tolerant of foods offered.	Meals should be regular and varied—served attractively. Child should not be forced to eat and foods should not be talked about at the table. Mother should have a detached attitude when the child is being served his food.
2. Sleep—at regular intervals with 12 to 13 hours at night. 2 hour A.M. nap and 2 hour P.M. nap at 1 year. At 2 years nap reduced to 1 hour A.M. and P.M.	Sleep should be in a room not artificially lighted and with window open at all times. Hours for sleeping should not be interfered with by the social engagements of the mother.
3. Elimination—regular daily, voluntary bowel movement at one year. At 18 months regular voluntary emptying bladder.	Devices for toilet seat adjustment. Vocabulary in connection with elimination should be on adult level.
4. Play and recreation—in and out of doors.	Play room or play space for rainy and cold days. Play developed through imitation. (Mother and nursery school teacher.)
5. Cleanliness—child should be able to wash own hands before and after eating.	Child has own wash cloth and towel and separate rack with steps to the lavatory basin.
G. Social Growth Interest in immediate members of family at one year. Interest in strangers at 18 months. Interest in playmates at two years.	Provide opportunities for seeing strangers and having playmates.

AT THE TWO TO THREE YEAR LEVEL

THE NORMAL CHILD	TEACHING CONTENT
A. Physical Growth	
1. Weight—Male, 26½ to 31⅕ lbs. Fem., 25½ to 30 lbs.	Weigh every sixth months. Health examination twice a year.
2. Height—Male, 32½ to 35 in. Fem., 32½ to 35 in.	Measure height on birthday.
3. Dentition: 20 teeth at 2 years. 24 teeth at 3 years	Child taught to use tooth brush. First visit to dentist at 2 years. Cod liver oil regularly.
4. Muscular development: Child should be able to climb, run after objects, construct familiar objects, etc.	Toys suitable to the age should be provided giving child opportunities for constructive play. Sand pile has many possibilities. Unlimited possibilities in spools, cord, etc.
B. Sensory Development The spectacular development in perception of sound is due to the fact that vocabulary expands to include it. Perception of size as a skill more accurate. Judgment of shape in formative stages.	Tinker Toys and nests of cubes excellent for sensory training. Tricycle excellent for developing sense of size. Provide adequate experiences.
C. Mental Growth Curiosity about people and objects comes to fore in this age group.	Encourage healthy, normal curiosity by explaining each situation as it arises. A visit to the park, zoo, beach, playground, etc., gives new fields for curiosity and knowledge.
D. Emotional Responses Love and affection expands to those outside family circle.	Emotional disturbances in adult react unfavorably upon child. He is in an imitative stage.
E. Language Development At two years average vocabulary 272 words. At three years 896 words. Child's language	Slowness in language abilities due to the lack of an adequate model. Sometimes model talks too much and too fast. Constant at-

development also a measure of character and personality growth. Great desire to imitate language of parents.

F. Habit Formation

1. Sleep: 11 to 12 hours at night with a two-hour P.M. nap. Child should be taught to get ready for bed by himself.
2. Cleanliness: Child should wash before and after eating and before retiring at night. Learns to wash hands after using toilet.
3. Food: Three meals a day with morning and afternoon lunch consisting of milk.
4. Elimination: Takes care of personal needs if reminded. Water intake should be supervised.

G. Social Growth

Respect for personal equipment of others. Influenced by attitude of other children.

tention may take away desire to learn to talk; it is not necessary.

Clothing should have proper fasteners to allow for learning.

Washing should finally come as a completely formed habit. Towels and washcloths for the child should be hung at a proper height and cuffs large enough to turn up.

The highly active child should rest before eating.

Enuresis, if present, should be treated first as a medical problem, then as a problem in habit training.

Provide child with personal properties so that he may develop respect for the personal belongings of others.

AT THE THREE TO FOUR YEAR LEVEL

THE NORMAL CHILD	TEACHING CONTENT
A. Physical Growth	Weigh every six months. Cod liver oil daily.
1. Weight: Male, 31⅕ to 35 lbs. Fem., 30 to 34 lbs.	
2. Height: Male, 35 to 38 inches. Fem., 35 to 38 inches.	Measure height on birthday. Health examination twice a year.
3. Dentition: 24 teeth.	Child should form habit of brushing teeth twice a day. See the dentist twice a year. Calcification of permanent canines begins at three years; calcification of premolars at fourth year. Diet rich in calcium salts and vitamines important.
4. Muscular development: Ceaseless activity. Runs, jumps, and climbs. Develops balance.	Muscular coördination taught and developed through tasks assigned the child such as dressing and undressing, unbuttoning coat and hanging on hook, etc. Can be taught to dance to music.
B. Sensory Development All the senses more highly developed.	
C. Mental Growth. Concentration possible but interest changes rapidly.	Tendency to be dissatisfied within restricted boundaries. Child asks many questions which should be answered straightforwardly and serve as a method of keeping him contented.
D. Emotional Responses Cheerfulness—willingness to accept the inevitable should be begun in this period.	Exaggerated affection and tenderness for child defeat development. Too much talking about the child or to him exaggerates the sense of his own importance.
E. Language Development The last use that the child makes of language is reasoning and begins at the fourth year. Retardations become noticeable by the fifth year.	Retardation of speech may be due to experiences being too limited to furnish the topics of thought and speech. Praise for child's attempts in speech is necessary. Too great praise may make him a tyrant. Laughing at a child's cute accent or sentence structure may create a feeling of inferiority which will disturb the finest in the balance of motor control, *i. e.*, the speech organs.
F. Habit Formation	
1. Food: Mastication should be well developed. Raw fruits and vegetables should be begun.	Food prejudices arise from parents' attitudes, from overcooked food, monotony of menu, etc. New and unfamiliar foods best presented with foods he is known to like.
2. Posture: Posture defects occur very frequently at this age level. Look for pronation, kyphosis, and lordosis.	Special exercises and a visit to the physician may be necessary for correction of posture.

G. Social Growth Eats with family.	Feeding himself and eating with the family may be an ordeal with exhibitionism prominently in the picture. Refusal to eat, dawdling, bargaining, etc., may develop. Child should be ignored and treated in a firm matter of fact manner.

AT THE FOUR TO FIVE YEAR LEVEL

NORMAL CHILD	TEACHING CONTENT
A. Physical Growth	
1. Weight: Male, 35 to 41⅕ lbs. Fem., 34 to 39⅘ lbs.	Weigh every six months. Physical examination twice a year.
2. Height: Male, 38 to 41.7 inches. Fem., 38 to 41.4 inches.	Measure height on birthday.
3. Dentition: 24 teeth.	Same as 3-4 year group.
4. Muscular Development: Can skip, climb ladder, ascend and descend stairs, fully dress self, attend to own toilet needs and feed self. All movements smoother and better coördination developed.	Give constructive materials for play in order to challenge the resourceful activities and finer coördinated adjustments.
B. Sensory Development Perception of distance begins to develop. Passage of time enters consciousness. (Child realizes the difference between a half hour and a few minutes.)	Desirable for mother to hold child accountable for certain tasks in a certain period of time. Finer coördination is possible and the child should be taught to draw pictures, cut along a straight line, etc.
C. Mental Growth Asks questions with a definite purpose in mind. Imagination enters the field and child clothes his activities with feeling that he is someone else. Can sing simple melodies. Sense of right and wrong enters his mind.	Fairy stories and original stories of real life can be utilized by the parent to build up mental concepts for the child. An appeal to reason on the basis of right and wrong should be begun. Definitely teach songs, rhymes, etc.
D. Emotional Responses Child reaches point in his relationship with parents that he asks for decisions, *i. e.*, "What shall I play now?"	Child should be asked to make many of his own decisions in order to learn decisiveness. Guard against a desire to make hasty snap judgments. Emancipation from the parent should be the goal in order to make an independent personality.
E. Language Development Use of descriptive words. Can carry on conversation. Tells fantastic stories. Knows about 1,540 to 2,000 words.	Cause of retardation in speech should be sought first through medical examination. If too much is expected of a child it discourages his attempts at conversation. Stuttering may be the result of a great fear, unhappiness, too severe discipline or emotional conflict. A psychiatrist should be consulted.
F. Habit Formation 1. Behavior (a) sympathy with others (b) joyfulness (c) willingness to serve (d) hospitable toward strangers.	Habits of thinking so that the child can project himself into the feelings of others. Parents should be careful not to make unfavorable comparison between the behavior of the child and an adult.
2. Food: Three meals a day with nothing but water between meals.	
G. Social Growth Directs affection toward other children—the "gang" interest is developed.	Parents should interpret unselfishness and kindness to child. He should be willing to share his home, his toys, and play space. Child should be independent enough to be willing to right any of the entanglements in which he finds himself with other children. (Parents should not interfere but have the child make his choice and carry it through.)

It is to be supposed that a child at one year of age has been immunized against diphtheria, has been vaccinated against smallpox and is under the medical supervision of a private physician or preschool clinic.

The parent should consider the child as a young adult and treat him accordingly, answering all of his questions truthfully but at his age level, including questions pertaining to sex. Ventures in nursery school education should be encouraged and every child should attend kindergarten before entering school.

A broadly conceived program of pre-parental and parental education seems to be the most effective means of modifying the education and training of the young child in the home. Improvement in the home education and training of young children will come through a program of parental education which views the parent as a teacher as well as a parent.

At the White House Conference the committee on the preschool child expressed its conviction "that the period of early childhood is of great importance in the development of the individual and in the preparation of the future citizen."

HONOR ROLL

Agencies Holding 100 Per cent Nurse Membership in the N.O.P.H.N.

COLORADO
***Visiting Nurse Association, Denver

CONNECTICUT
*Naugatuck Chapter, American Red Cross, Naugatuck

FLORIDA
***Marion County Public Health Nursing Service, Ocala
**Escambia County Health Unit, Pensacola

ILLINOIS
***Chicago Tuberculosis Institute, Chicago
*Visiting Nurse Association of St. Clair County, East St. Louis
Correction: First District, Illinois State Nurses' Association, listed in April magazine should have read: Hourly Nursing Service, First District, etc.

IOWA
***Public Health Bureau, Muscatine

MAINE
**Woman's City Club, Calais

MASSACHUSETTS
***Visiting Nursing Association, Fitchburg

MICHIGAN
***City Department of Health, Detroit
**Community Health Service, Grand Rapids

NEW HAMPSHIRE
*American Red Cross, Center Ossipee
*State Board of Health, Concord
**American Red Cross, Exeter
*District Nurse Association, Gorham
**American Red Cross, Groveton
*Red Cross and Public Health Association, Hinsdale
**Public Health Association, Lancaster
***American Red Cross, Lincoln
*Community Nursing Association, Marlboro
**American Red Cross, Peterboro
*Public Health Organization, Pittsburg
**District Nursing Association, Portsmouth
*Visiting Nurse Association, Rochester

NEW JERSEY
***Monmouth County Organization for Social Service, Red Bank
*Public Health Nursing Association, Long Branch

NEW YORK
***Visiting Nurse Association, Syracuse
*Board of Education, Watertown

NORTH DAKOTA
***City Health Department, Fargo

PENNSYLVANIA
*Community Health and Civic Association, Ardmore

RHODE ISLAND
*Bristol School Department, Bristol
***Visiting Nurse Association, Cranston
**Visiting Nurse Association, East Greenwich
*Child Hygiene Division, State Department of Health, Providence
***District Nursing Association, Providence

TENNESSEE
**Public Health Nursing Council, Nashville

TEXAS
***Department of Public Health and Welfare, Fort Worth

WISCONSIN
**Marathon County Health Department, Wausau
*Wisconsin Anti-Tuberculosis Association, Milwaukee

***100 per cent membership three years
**100 per cent membership two years
*100 per cent membership one year

Playtime

By ETHEL M. BOWERS

Field Secretary, Recreation for Women and Girls, National Recreation Association.

"ALL work and no play makes Jack a dull boy." We all know this applies to Jill too, especially when she is a public health nurse or other worker with the underprivileged groups. All day long she sees only the harsh realities of life. At night when she needs relaxation and inspiration most, she frequently cannot find them and so drops exhausted into bed only to awaken the next morning to face the same old routine. This cannot continue indefinitely, not if Jill is to avoid getting in a rut, not if she is to grow in her profession and have sufficient reserve energy to meet emergencies and to do well the many extra things her work demands.

How is Jill to be a bright girl in the face of her many problems? Her leisure time must be used joyously as well as wisely in order to give to her the creative energy she needs.

In the first place, Jill should live in attractive surroundings, preferably a private home with those interested in other things than public health nursing. If she can come home in the evening or for the weekend and put behind her all thought of her daily work, hearing only new and interesting ideas, participating in creative conversations rather than "shop talk", she will feel refreshed when she takes up her duties again. If, in addition, she can have the pleasure of homey occupations, such as fussing in the kitchen, informal entertaining and home crafts, she will be satisfying to some extent one of the deepest urges of human beings. Jill's home life is an important factor in her work as a nurse and her skill in the art of living.

WHAT KIND OF PLAY?

We often classify recreation under five headings: the physical activities; creative recreations such as music, dramatics, handcraft and writing; social activities; mental recreation; and service. Since much of Jill's work requires long hours on her feet in serving others, she must find in her leisure hours activities which relieve rather than increase strain. That means her physical activities must be carefully selected and that in general she should not be called upon to participate in service projects.

Let us consider first the activities which Jill may enjoy in the many leisure hours when she is alone, when it is impossible for her to be a member of a group. No doubt, her physical recreation program will be limited to strolling (in beautiful surroundings if at all possible) and possibly to swimming, golf or horseback riding. In doing these things alone, she will get the exercise she needs and perhaps a renewal of strength from uninterrupted communion with nature. However, it is much more fun to enjoy these sports in congenial groups.

Jill may find a great deal of pleasure in music, by participating if she has the talent, or in listening to good music at concerts, or from a phonograph or radio. She may enjoy reading plays and possibly attempting to write them. Her most important recreation for the lonely hours (except reading) will very probably be some form of handcraft. There are many interesting crafts which can be enjoyed even by one who lives in a suitcase. These bring many values to an otherwise uninteresting life; beauty of materials and bright colors, the opportunity for creative self-expression, the pride of the craftsman in work well done, and the joy of using the completed article or giving it to another. A visit to the arts and crafts department of stores will bring new ideas if the Recreation Director or Home Demonstration Agent cannot help. Reading, purely for recreation, will possibly be Jill's one great available source of renewed inspiration. She should select her books carefully, avoiding those which are harshly realistic. The same

principle should apply to her selection of plays and moving pictures.

Because we realize the many problems facing Jill in her daily work and search for a normal life, we cannot stress too strongly the value of companionship in her leisure hours. Jill should make a real effort to participate in group activities even though she may be exceedingly fatigued or feel non-social after long hours of work. Of course her recreation with a group will be largely determined by the available activities in her community. The best group fun comes with a small congenial self-organized crowd, with informal entertaining, outings, picnics, and sports. In so many cases, however, no such natural group exists for Jill. Therefore she should find out immediately what programs are being offered by the Public Recreation Department, if there is such an organization, by the Y.W.C.A., County Extension Service or by various local clubs. If at all possible, she should join a hiking club or similar organization, not so much for the physical exercise as for the companionship of many different types of people. A swimming group will likewise give her new contacts and relief from strain. She should participate in some seasonal sport, such as tennis, golf, bowling, archery, horseback riding, or in a women's gymnasium class, volley ball group or dancing class. It may be an effort to attend these meetings after a long hard day, but the benefits are many, and that fatigued feeling due to nervous strain will change into a sense of being gloriously tired physically but mentally rested.

Since much of a public health nurse's work involves long hours on her feet, she may find the less active forms of recreation much better suited to her needs. Singing is one of the finest activities for nurses because it brings needed companionship, inspiration and beauty without physical strain. Perhaps there is a choral club or chorus Jill can join.

Participation in a dramatic group is another excellent activity for an overworked public health nurse. Here, again, the social features of a dramatic club, its many outings, its informal get-togethers after rehearsals and plays, and the joy of group endeavor in creating a beautiful production, greatly overbalance the time and effort it consumes.

Most important of all forms of leisure time activities for a woman facing the problems that Jill faces, is social recreation. How to meet interesting people, especially those of the opposite sex, is in many cases a very real problem. Many organizations, such as churches, the Y.W.C.A., community centers and clubs, sponsor social activities in which Jill can participate. She should learn to dance and dance well. She should cultivate the art of conversation, so often a lost art in this modern life. She may enjoy cards or other forms of social recreation, such as picnics and outings.

Some part of the leisure hours of the nurse may well be given to mental recreation, providing it does not bear too definitely on the problems of her daily work. Study clubs, lectures, literary societies in many cultural subjects, may contribute to her recreational growth and development. Here, again, the emphasis should be on the joy of companionship and inspiration and relaxation, rather than a definite aim toward adult education. The public health nurse must definitely forget her work when participating in leisure-time activities if she is to really get the greatest benefit from them.

A WARNING TO THE CONSCIENTIOUS

Just a word about clubs. A well-organized club usually has a varied program touching many of the phases of recreation which we have mentioned here. It also includes in most cases some service or welfare work. For this, the most dependable, the most hard-working and intelligent members are selected as chairmen and committee members. If Jill is not careful, she will find herself appointed to such committees in her club in spite of everything, and in a short time she may be so loaded down with responsibility that the club becomes another duty, a strain, rather than a recreation for her. Since her entire time as a public servant is given over to service to others and since her work brings her in such close contact with the

unlovely side of life, she must definitely evade certain duties if she is to really enjoy the club program. Let others, whose occupation is radically different, serve on the welfare committees. Jill should laugh, sing, and dance, and "take in" inspiration rather than "give out."

NOT FOR OURSELVES ONLY

Yet, growing out of her own leisure experiences there is a supplementary service she can give her patients. She sees them frequently and knows the problems they are facing. If she is dull, wornout with too much work and no play, she can do only her routine work, caring for their physical needs, but if she is a bright girl, balancing her own work and play wisely, she brings to the sick room, the clinic, or the classroom, a radiant personality, a vitality, a joy of living that only good health, emotional stability and the wise use of leisure can give. Jill realizes that the mental health, emotional outlets and social adjustments of her patients are as important as their physical health. Bubbling over with energy herself, she makes a point of leaving something behind besides advice on sanitation and care of the sick.

An energetic Jill, like the old-time family doctor, will have her little bag of tricks for the sick-a-bed person and those in attendance. Perhaps she has brought an interesting bit of news from some other visit; not scandal, of course, and preferably not gossip, but actual news of an optimistic type. She may make a point of telling a joke she heard last night, or trying a riddle on her patient, which she herself failed to solve, or remembering some trick, game or stunt which brings a laugh and which the patient may enjoy time and time again.

If you were a convalescent, restless, anxious to be doing everything again, but restrained by weakness, disability or the doctor's orders, wouldn't you appreciate the public health nurse's suggestion that you join a neighborhood handcraft or art class, a music group or dramatic club? If you were an overworked and worried mother, about to break under the long strain of long hours of sick room service and penny pinching, wouldn't you be glad to hear of a free community night entertainment in a nearby park or social center?

WHERE TO GET IDEAS

If Jill is mentally alert and socially-minded, she will realize that these jokes, tricks, games and suggestions make her routine work much easier and more fun. In order to be well informed on local activities she will call on the heads of various recreational agencies in her community to learn what programs are available. Such information may be secured from the Director of Recreation for the city (usually reached through the City Hall, though sometimes through the Board of Education) the County Director of Recreation or the Home Demonstration Agent at the County Court House and the local executives of Girl Scouts, Camp Fire Girls, Boy Scouts, Y.M.C.A. and Y.W.C.A. Then by tactful suggestions, personal invitations and by leaving bulletins of activities, she may persuade the family or individuals to participate in the community recreation activities, thus helping them as well as the various agencies.

Each summer vacation should really be a highlight in Jill's life. A visit to a resort, especially a camp where the life is more informal and the surroundings beautiful, will bring new contacts and renewed enthusiasm. A trip will be enjoyed three ways: anticipation, realization, and in retrospect. No matter what happens to us, no one can take away beautiful memories we have stored up through the years. We should live joyously in the present as well as save some for the rainy day.

And so, if you are to enjoy life more abundantly and to contribute to the happiness of others, study your community, see what it has to offer along recreational lines, make an effort to join some congenial classes and participate only in those activities which really bring you joy and relief from strain.*

*For help on definite problems or information on any of the activities mentioned here, see your local Recreation Director, or write to the National Recreation Association, 315 Fourth Avenue, New York City.

Nurse-of-the-Month

EVELYN COVERT SMITH
New Jersey

After graduating from high school, I entered the Battle Creek Sanitarium School of Nursing, from which I graduated in 1924. As part of my training, I had three months' experience in visiting nursing. That three months served to show me how interesting that branch of the nursing field is, and the exceptional opportunities the nurse has for teaching and demonstrating health, while working in the homes.

After some experience, which included both special duty and general duty in two different hospitals, I realized the need for further theory, and spent a year at Teachers' College, Columbia University. In 1930 I became a member of the staff of the Visiting Nurse Association of the Oranges and Maplewood, New Jersey. The close proximity of the Oranges to New York, has since permitted my attending Teachers' College for night courses, which I trust will enable me to obtain a B.S. degree in public health nursing.

The district in which I am working is in Maplewood, which is a strictly residential community of 22,000. The majority of the residents own their own homes, and are of the upper middle class. The balance of the population is comprised largely of small home owners, people mostly of Italian birth or parentage, together with a few Negro families. (Most of the Negroes who work in Maplewood as domestics, live in an adjacent community called Vaux Hall.)

There are two full-time nurses stationed in Maplewood, and we carry an almost completely generalized program. This consists of an hourly appointment service, morbidity service, which includes contagion and a complete maternity service (prenatal, delivery, and postpartum), and an infant and preschool program, which includes the staffing of two very active infant welfare and preschool clinics, in coöperation with the Board of Health, which pays part of the cost. We are directly responsible to a district supervisor, and report twice a day at a local office.

Although there are about twenty hospitals in the surrounding communities, there is none in Maplewood. The transportation of ambulatory patients to and from the hospitals and clinics was one of our most difficult problems until recently, when the town provided a car and driver. The patients are free to make their own arrangements for this service, or can make them through the nurses or the town hall after they have once been referred by the nurse or social worker.

Patients requiring the township physician, are first visited by the nurse to determine the need.

One of the most interesting features of my work is the school program. I am school nurse for the parochial school, which has an attendance of 420 pupils.

The Visiting Nurse Association was asked to take over this work in 1929, following an outbreak of diphtheria in the school. When the modern new school of 13 classrooms, a large auditorium, and recreational rooms, was built, an office for the nurse was planned. In the last year, due to the splendid coöperation of the parish priest and the Mother Superior, the nurse's room has been quite fully equipped, new metal cabinets for supplies and records have been added, new eye charts, and a new lighting arrangement installed to standardize visual tests.

The most stubborn of all our school problems, is the prevention of dental caries. In the past year a great deal has been accomplished in corrective dental work, through both private and clinic dentists, but the teaching of the proper diet and mouth hygiene has so far not had very gratifying results. This is partly because there is no parent teacher organization, and partly because half of the families are so poor that they cannot provide the proper diet.

Although there has not been a case of diphtheria in Maplewood in four years, we are still carrying on a very active immunization program.

To me, the work is stimulating because of its varied program. The day is often a succession of intensely interesting and unexpected situations. Answering a call on a supposedly new prenatal patient the other morning, I found the woman had just been delivered by an ambulance doctor, and of course, had not been prepared to have her baby at home. There was no running water, and no supplies of any kind to be had in the poor, badly heated little shack. This call took much longer than had been anticipated, but mother and baby were at last made comfortable, the necessary supplies procured with the help of the Emergency Relief Administration, and some kind hearted neighbors. My next call was to discuss with a school child's parent, a dietary problem. Upon arriving at that home I found another child very ill with pneumonia, and the mother pregnant! Three surprises in one morning—but then, that is public health nursing!

A SHORT STORY CONTEST

The *Journal of the Outdoor Life* is announcing a short story contest, open to all, which ought to be of special interest to public health nurses. The story must in same way weave in the Christmas Seal, although it need not be the dominant theme. The requirements of the contest are:

(1) Conformity to the rules of the short story
(2) Some direct or indirect accomplishment brought about either through funds raised from the Christmas Seal sale or through the influence of some agency financed by the seals
(3) Length limit—4,000 words
(4) Avoid making the story preachy, propaganda for seals, depressing, or concerned with the origin of the seal or the historical story of the "Little Red" (Dr. Trudeau's house at Saranac)
(5) Close of contest, September 1, 1934
(6) If pseudonym is used, author's real name must also be given
(7) No more than three stories may be submitted by any one person
(8) Prizes: First prize, $50.00; second prize, $25.00
(9) Address Short Story Contest Editor, *Journal of Outdoor Life*, 50 West 50th Street, New York, N. Y.

For further details, see May number of the above journal.

SCHOOL  HEALTH

THE SCHOOL NURSE—PREPARATION, GROWTH AND DEVELOPMENT

What preparation does the school nurse need for her job? According to the N.O.P.H.N., all public health nurses coming into the field today should have the following fundamental preparation:

1. Four years high school.
2. Graduation from an accredited school of nursing connected with a general hospital having a daily average of fifty or more patients.
3. State registration.

As special preparation for the public health nursing field the nurse who expects to work in a small agency without nurse supervision needs to have:

4. A public health nursing course approved by the N.O.P.H.N., or several years' experience under adequate supervision.

Since a comparatively small number of our school nursing services have adequate nurse supervision, it seems particularly important that every school nurse should have this special preparation.

If a school nurse is expected to do classroom teaching as a member of the school faculty she should in addition meet the qualifications set by the school for its teachers. If she wishes to be a director of health education, a highly specialized position, she should meet the requirements for such a position drawn up by the health educators. A few states have certification for school nurses with certain specified requirements.

Needless to say, personal qualifications play as important a part in school nursing as in other branches of public health nursing. Particularly important in school nursing are initiative, understanding of children, and ability to work with others.

There are many in school nursing today who went into this field long before requirements were made, who had no opportunity to prepare themselves according to present-day qualifications. In spite of this many have learned much from their long years of experience and are making a valuable contribution to the field. While they cannot be expected to go back and make up high school, perhaps, or training school deficiencies, there is not one who cannot carry on her education in some way, and every school nurse in the field today, no matter how little or extensive her preparation has been, is expected to carry on such activities as will help her to grow and develop on her job. This is particularly necessary for school nurses because they are in contact with two fields, the public health nursing and the teaching fields, and each is changing so rapidly from day to day, that one must make every effort to keep up.

Occasionally in the past one heard of school nurses who went into that branch of public health nursing because they thought that it was easier and that a nurse obtaining such a position could rest secure. Not so today! There is no more challenging position in the public health nursing field than that of the school nurse, and no school nurse can afford to sit down on her job content with former methods and practices.

Those nurses who are working in a service where there is a nurse supervisor usually have a planned program of staff education with regular staff meetings for

discussion of problems, case conferences, reports on latest reading material, etc. It is more difficult for those nurses who are working alone or without supervision, for they must rely to a large extent upon their own initiative in carrying out a program of self-education. It must be done, however, if they are to render a modern, efficient school nursing service. Such a program would include:

Reading current professional magazines
Attendance at local and state meetings of other nursing and professional groups
Consultation with state and national agencies in regard to latest materials, policies and programs
Attendance at institutes and summer sessions
Individual or group study courses

While it is more difficult to carry on a study program by oneself, it can be done by reading and studying the reference material and working out the questions and problems. Study courses on various subjects are available from several organizations, or the nurse may want to plan her own course of reading on some special subject which she feels the need of reviewing or knowing more about. Nutrition and communicable disease are always important subjects in a school nursing program, and the field of mental hygiene offers unlimited possibilities for reading and study.* Many interesting studies have been made recently by national organizations that affect the school health program and school nurses should be familiar with these.

Many school nurses are fortunate in having the entire summer free and can avail themselves of summer sessions for further study. In fact, school nurses ought to be and have the opportunity to be the very best prepared nurses we have in the public health nursing field, and it is encouraging to see that more and more are realizing their responsibilities for rendering an up-to-date efficient service and are making every effort to keep prepared.

LESSON ASSIGNMENT

Make a brief plan for your school nursing program for next year and from it select one phase or subject which interests you particularly or which you would like to know more about. Hunt up all the references you can find on this subject in your own reference books and in the school and public libraries. Write to the state or national agency most concerned with that subject for further references and material. Plan to set aside one hour a week during the coming school year to read and study the material collected.

REFERENCES

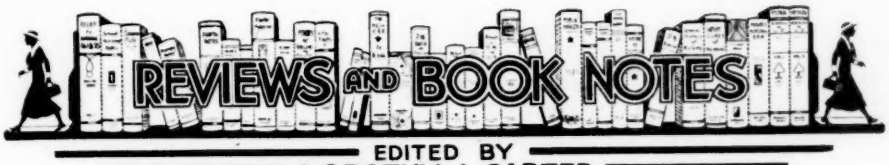
Minimum Qualifications for Those Appointed to Positions in Public Health Nursing. N.O.P.H.N.
"School Nursing." Mary Ella Chayer. Chap. XII. G. P. Putnam's, N. Y. $2.50.
Training for Health Education. Clair E. Turner. PUBLIC HEALTH NURSING, September, 1932.
Summer Courses of Interest to Public Health Nurses. PUBLIC HEALTH NURSING, April, 1934.

This ends the study program for school nurses which started in the December 1933 number. Complete program, seven subjects, 50 cents. The Editors would be glad to hear from any who have used this program in regard to its practicability and value. Suggestions for another year will be gladly received.

"If water enters the canal while a child is swimming, the wax in the ear may swell, and occlude the orifice; or cold water next to the drum may cause catarrhal inflammation. This is usually only a temporary condition and easily relieved. If there is a perforation of the ear drum from a preëxisting middle ear infection, or 'abscess,' water entering the external canal is likely to reactivate the middle ear infection, causing further damage to middle ear structures with concomitant damage to the hearing. Also in swimming, water through the nose or mouth may enter the Eustachian tube. This also occurs, not infrequently, in sniffing water or other cold fluids into the nose, or in the bad practice of using a small douche with the head tilted backward in attempts to treat head colds. Ear trouble due to water entering the external ear may easily be prevented by the use of non-absorbent cotton plugs while swimming, and the proper use of the nasal douche with warm water or tepid salt water, with the head held well forward and nose-blowing interdicted, will eliminate one other source of trouble."

—From the "Problem of the Hard of Hearing Preschool Child,"
Child Health Bulletin for May.

*The N.O.P.H.N. has bibliographies available on these and other subjects and would be glad to assist any school nurse in making out a program of study for next year.



EDITED BY
DOROTHY J. CARTER

KNOWING AND HELPING PEOPLE

By Horatio W. Dresser. The Beacon Press, Boston. $2.50.

In "Knowing and Helping People," Dr. Dresser has presented in non-technical language material which is the result of his own extended experience in helping people with the problems of living. Social workers, clergymen, and public health nurses who are concerned with the science of healthful living and with human adjustments will find in this book a helpful philosophy plus an understandable discussion of some of the newer theories of psychology.

Typical cases of emotionally disturbed persons are cited, as a background for the discussion of psychological techniques which the author has found helpful in dealing with troubled people; special methods of helping people to emotional adjustment are discussed in considerable detail in the chapters on redirection, retraining, compensation and balance. The chapter on "Moral Problems," colored with a spirit of understanding tolerance, is especially helpful and suggestive. Dr. Dresser stresses his conviction that "nobody sins all through his nature."

Public health nurses who are concerned with their responsibility in helping their patients to mental as well as to physical health will find much stimulation in this book. The thoughtful reader will also add to his own personality something more of self-understanding and self-control.

GLEE L. HASTINGS

LIFE IN THE MAKING

By Alan F. Guttmacher, M.D. The Viking Press, New York. Price $2.75.

This book is written for the laity and in pursuit of its purpose discusses in conversational style several aspects of "The Story of Human Procreation." Particularly absorbing are the chapters dealing with ancient lore surrounding childbirth—what caused it, and how to avoid it. As early as the twelfth Pharaoh Dynasty, there were accepted prescriptions for contraception and abortion. On the other hand, many of the most amazing of modern discoveries are described, such as the fact that the sex of a person is determined by the presence or absence in the sex cells of one of a pair of minute rods (chromosomes) 1/20,000 of an inch in length.

The tortuous path by which man has arrived at his present knowledge of procreation is first traced out. One of the earliest subjects of study was the growth of the embryo, Aristotle attempting to follow its course by opening hen's eggs at various stages of incubation.

After this fascinating little history of scientific blind alleys, the various types of reproduction among animals are indicated, culminating in a more detailed discussion of reproduction in man. Since man is a unisexual animal, and male and female are sharply divided, abnormalities in these two human categories have always aroused curiosity. In an intensely interesting section the author recounts some of the many astounding effects produced by the interchange of sex-determining organs, between male and female by caprice of nature among human beings, by deliberate transplantation among animals. Thus a normal fertile hen has been completely altered to a normal fertile cock.

This is a truly fascinating book, dealing as it does with the perennially absorbing topic of reproduction, and furnishing in addition an exceptionally wide view of the whole field.

CAROLYN CONANT VAN BLARCOM

KEEPING CAMPERS FIT

By Eléna E. Williams. E. P. Dutton & Co., New York. 1934. Price $2.50.

This is the first book to be published which describes nursing in a girls'

camp: what a nurse has to know and do, and what equipment she needs. Miss Williams discusses in detail both the theory and practice of camp nursing, approaching the subject from the modern point of view of prevention and health teaching. Emphasis is placed on the right kind of nurse for the job. Every camp nurse should have this book for reference and guidance; it is very complete, interestingly written and well illustrated.

THE STORY OF THE NATIONAL LEAGUE OF NURSING EDUCATION

By Helen W. Munson with the collaboration of Katharine Stevens. W. B. Saunders Company, Philadelphia. $1.00.

Mrs. Munson and Miss Stevens have performed an invaluable service for nursing education in recording in permanent form the development and activities of the National League of Nursing Education. Not only is it valuable as a story of the League, but it is a fitting tribute to the early leaders of nursing in this country, through whose pioneer efforts a national body devoted to the advancement of nursing education was established and cherished. D.J.C.

Those of us who have been trying to find some light through the fog of bewilderment in regard to programs of social work will find Linton B. Swift's pamphlet *New Alignments between Public and Private Agencies* particularly illuminating. Using a fictitious community for illustration Mr. Swift discusses the basic functions of the public and private agency of the future, their relationship to each other and to the whole community welfare program. Fifteen cents from the Family Welfare Association of America, 130 East 22nd Street, New York.

A packet of inexpensive materials to help the playground director promote safety is offered by the education division of the National Safety Council. The contents include ten safety posters appropriate for the bulletin board, a list of its instructions for the safe use of equipment and for the administration of activities, a short play suitable for production on the playground, and a set of crayon lessons for younger children. The packet may be obtained from the National Safety Council, 1 Park Avenue, New York City, for the price of $1.

There are several articles of particular interest to public health nursing agencies in the May number of *The Family*. In "Case Conference—An Interagency Tool," Alla A. Libbey and Ida R. Parker discuss the elements that make for a successful case conference. Mary S. Brisley offers some interesting suggestions for boards and professional staff in her article "A Personnel Program."

The *Appraisal Form for City Health Work* in its fourth edition has been entirely revised and rewritten with some old items eliminated and new ones added, including a new non-scored section on "Mental Hygiene." The American Public Health Association, 50 West 50th Street, New York, $1.00.

RECENT PUBLICATIONS

ANNUAL REPORT OF THE U. S. PUBLIC HEALTH SERVICE FOR 1933. From the Superintendent of Documents, Washington, D. C. 75 cents.

APPLIED EUGENICS. By Paul Popenoe and Roswell Hill Johnson. Revised edition. The Macmillan Company, New York. $2.60.

ASTHMA, HAY FEVER AND RELATED DISORDERS. A Guide for Patients. By Samuel M. Feinberg, M.D. Lea & Febiger, Philadelphia. $1.50.

A DIABETIC MANUAL. For the Use of Doctors and Patient. By Elliott P. Joslin, M.D. Fifth edition. Lea & Febiger, Philadelphia. $2.00.

HANDBOOK FOR HEALTH VISITORS IN INDIA. By Ruth Young. Maternity and Child Welfare Bureau, Indian Red Cross Society, Simla, India. Price 1/8-.

PEDIATRIC NURSING. By Gladys Sellew. Third edition. W. B. Saunders Company, Philadelphia. $2.50.

A SHORT ENCYCLOPAEDIA FOR NURSES. By Evelyn C. Pearce. Oxford University Press, New York. $3.75.

THE SINGLE WOMAN. A Medical Study in Sex Education. By Robert L. Dickinson and Lura Beam. Williams & Wilkins, Baltimore. $5.00.

TWENTY-FOURTH REPORT OF THE HENRY PHIPPS INSTITUTE, Philadelphia.

Miss Helen Wood of Newton Highlands, Mass., who has had many years' experience in nursing education, has been appointed Director of the recently organized School of Nursing at Simmons College, Boston. Since 1918 Simmons College has had a School of Public Health Nursing which has given invaluable service in preparing nurses for the public health field. The public health nursing program will be continued on a strictly graduate level with Miss Marjory Stimson in charge.

Under the new plan increased emphasis is given to the undergraduate curriculum in coöperation with several of the local hospitals. Upon completion of the five-year program of study in the college and in the hospital, the college will grant both the B.S. degree and the Diploma in Nursing.

✣

The newly elected officers of the Texas S.O.P.H.N. are as follows:

President—Elizabeth Shellabarger, El Paso
1st Vice-President—Mrs. Ruth Carroll, Houston
2nd Vice-President—Mrs. Frances Gayle, San Antonio
Secretary-Treasurer—Celia Moore, Austin
Directors—Mrs. Zula L. Powell, Fort Worth; Mrs. Margaretta Houston, Dallas; Mrs. Shirley Ralston, Fort Worth; *Lay Directors*—Mrs. W. O. Wilkes, Waco; Mrs. D. Brooks Cofer, College Station
Membership Chairman—Mrs. Alta Jones Dallas.

✣

The Public Health Nursing Section of the Connecticut State Nurses' Association held its Spring Meeting with the Connecticut Conference of Social Work in New London on May 5. The first hour was devoted to a short business session followed by reports from two nurses who had attended the Biennial Convention in Washington. No other public health nursing program was planned in order to allow the nurses to give their time to the stimulating social work program which had been planned by the Conference of Social Work. The meetings were all held on the campus of Connecticut College for Women.

In the afternoon, the School Nurses' Division of the Public Health Nursing Section held a two hour session, to which all nurses doing school work or interested in the program, were invited.

✣

The following officers and board for the New Jersey S.O.P.H.N. have been elected for 1934:

President—Hettie W. Seifert, Elizabeth
Vice-President—Gertrude Eckhart, Hackensack
Corresponding Secretary—Marian Lockwood, Woodbridge
Recording Secretary—Margaret Leddy, Camden
Treasurer—Mrs. Anne M. Pomeroy, Montclair
Directors—Mrs. E. G. Shreve, Pleasantville; Ruth Fisher, Plainfield; Mary Edgecomb, Englewood; Emma Rae McLeod, New Brunswick; Mrs. Theresa K. Guthrie, Newark; Linda Meirs, Manville
Section Chairmen—Industrial, Mrs. Jennie Bauer, Hoboken; *School*, Lula Dilworth, Trenton; *Lay*, Mrs. Leonard Smith, East Orange; *Child Hygiene*, Alice Boyer, Trenton.

✣

Mrs. Mabel K. Staupers, who for a number of years served as Executive Secretary of the Harlem branch of the New York Tuberculosis and Health Association, has been appointed to the new position of Executive Secretary of the National Association of Colored Graduate Nurses with headquarters at 50 West 50th Street, New York. The establishment of this position and of national headquarters for the Association has been made possible through gifts from the Julius Rosenwald Fund and the National Health Circle for Colored People.

✣

Miss Ethel MacLean of South Portland has been elected *Chairman* for 1934 of the Public Health Nursing Section of the Maine State Nurses' Associa-

tion. The other officers are: *Vice-Chairman,* Juliette Giguere, Lewiston; *Secretary-Treasurer,* Mrs. Louise B. Nichols, Dover-Foxcroft. Miss Edith L. Soule is *Chairman* of the Committee on By-Laws.

✣

At the meeting of the Michigan State Nurses' Association on May 25 the Michigan State Organization for Public Health Nursing was formed in the belief that it would make a new opportunity for interested laymen to participate with nurses in developing statewide programs and higher standards. Miss Melinka Herc of the Detroit Visiting Nurse Association was elected president.

The N.O.P.H.N. welcomes this new member of its state family, which makes the eighteenth state to form a State Organization for Public Health Nursing.

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The new officers of the Public Health Nursing Section of the Ohio State Nurses' Association are: *Chairman,* Cora M. Templeton, Cleveland; *Vice-Chairman,* Loneta Campbell, Cincinnati; *Secretary,* Nelle Martin, Columbus.

COMING MEETINGS

The Ninth Congress of the Far Eastern Association of Tropical Medicine will be held in Nanking, China, October 1-7, 1934. The Association was founded in 1908 to develop the science and art of tropical medicine in the Far East.

The Seventeenth Annual Meeting of the American Dietetic Association will be held in Washington, D. C., at the Mayflower Hotel, October 15-18.

The Fourth Conference of the International Association of Preventive Pediatrics (medical section of the Save the Children International Union) will this year be held at Lyons, France, September 27 and 28. The subjects to be discussed are the Prophylaxy of Malaria in Children and the Prophylaxy of Rickets and Convulsions. For further information please communicate with the Secretary of the I.A.P.P., 15 rue Lévrier, Geneva, Switzerland.

PUBLIC HEALTH NURSING INSTITUTE FOR COLORED GRADUATE NURSES

The Joint Health Education Committee of Nashville, Tennessee, announces that an Institute for colored graduate nurses engaged in public health will be held in Nashville, July 16 to August 11, 1934, immediately preceding the Annual Convention of the National Association for Colored Graduate Nurses to be held in Nashville, August 14-17.

The Institute will consist of lectures, demonstrations, conferences and discussion groups on the principles and practices of public health nursing with their special application to health programs in the South. Opportunities will be given for observation of field work in public health nursing agencies in Nashville and the surrounding area. Miss Lucy E. Massey, formerly director of Public Health Nursing at the School of Social Work and Public Health, Richmond, Virginia, will conduct the Institute with the assistance of local groups.

All nurses accepted for study at the Institute will receive scholarships, which include living expenses while at Nashville, and allowance for travel expenses from and to their places of employment. Out-of-town students will be provided board and lodging in the dormitories of Fisk University.

The Institute will be open to qualified Negro nurses engaged in public health nursing, who meet the following requirements: Four years high school or its equivalent; graduation from an acceptable school of nursing; state registration; several years experience in public health nursing.

The expenses of the Institute are being met through a contribution by the Julius Rosenwald Fund. It is hoped that nurses attending the Institute will be granted leaves of absence with full pay or part pay during the period of study.

The enrolment in the Institute will be limited to twenty students. A special committee of the National Organization for Public Health Nursing will select the students from those applying for acceptance, on the basis of education and professional experience. Applications should be filed immediately and may be secured from Miss Lucy E. Massey, R.N., care of Joint Health Education Committee, Cotton States Building, Nashville, Tennessee.